

FILED JUL 25 1940

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 4550

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Vandalia  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days) \_\_\_\_\_

3. (a) PRINT FULL NAME Gertrude Salmon

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James R Salmon 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July 3 1896  
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

12. Name Charlie Miller

13. Birthplace mo  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Stevenson

15. Birthplace mo  
(City, town, or county) (State or foreign country)

16. (a) Informant James R Salmon

(b) Address Wendelin mo

17. (a) Burial (b) Date thereof 7-27  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wendelin mo

18. (a) Signature of funeral director W. W. Water

(b) Address Wendelin mo

19. (a) July 27 1940 (b) R. Lee Alford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Vandalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1940 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 25 8 AM, 1940, to 4 PM, June 25, 1940  
that I last saw her alive on June 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary edema Duration 12 hr.

Due to acute congestive heart failure ✓ 4 wk.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9/44

(Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature Morton W. Adler (M. D. or other) M.D.

Address Vandalia, mo. Date signed 6/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

95102

RECEIVED

District Health Officer No. 10

District File Number 7-40-1381

Date Filed JUL 10 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. B. Waters

Licensed Embalmer No. 3325

P. O. Address Wm. B. Waters

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 21089  
Registrar's No. 21

Registration District No. 917

Primary Registration District No. 4560

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Andraing  
(b) City or town Wardala, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Gesteude Salmon

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex 7 5. Color or race col 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 22 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min

9. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name \_\_\_\_\_

15. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. -USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: month June day 25 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to acute congestive heart failure

Other conditions myocarditis, chronic (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Merton H. Adleson, M.D. \_\_\_\_\_ (Date or other) \_\_\_\_\_

Address Wardala, Mo \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

