No. 2
1-10-39
17-59
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 35431

Registration District No. 347 — Primary Registration District No. 3018 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Clinic (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 da (Specify whether years, months or days)
In this community: Clinton Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Henry
(c) City or town: Clinton Mo (If outside city or town limits, write "RURAL")
(d) Street No.: 301 E Jeff St (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: Jake Salinger
3. (b) If veteran, name war: No
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Rose
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: 4 (Month) — 1 (Day) — 1882 (Year)

8. AGE: Years 58 | Months 6 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace: Cotton Plant (City, town, or county) Ark (State or foreign country)
10. Usual occupation: Merchant
11. Industry or business:
MOTHER FATHER
12. Name: Felix Salinger
13. Birthplace: (City, town, or county) Germany (State or foreign country)
14. Maiden name: Clara Alexander
15. Birthplace: ✓ (City, town, or county) England (State or foreign country)
16. (a) Informant: Betty Yancey
(b) Address: Waverly Mo
17. (a) Engle Wood (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Engle Wood
18. (a) Signature of funeral director: Fred Wilkinson
(b) Address: Clinton, Mo
19. (a) Nov. 1-1940 (Date received local registrar) (b) Dr. J. R. Hampton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 12 year: 2 hour: 40 minute: A M.
21. I hereby certify that I attended the deceased from 12-6-38, 1938, to 10-12, 1940, that I last saw alive on 10-12-40, 1940, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral hemorrhage | 3 days |
| Due to: | |
| Due to: | |
| Other conditions: Hemiplegia (R). (Include pregnancy within 3 months of death) | 3 days |

Major findings:
Of operations:
Of autopsy: No

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? (Specify type of place)
While at work? (c) Means of injury:
23. Signature: Joseph B. Mull (M. D. or other)
Address: Clinton, Mo. Date signed: 10-12-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1644
Date Filed 11-14-40

**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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton NC

**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, above space should be left blank.**