

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Bishop  
State File No. 29059  
Registrar's No. 256257

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH: Pettus  
(a) County Pettus  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: Sedalia  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 20 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Pettus  
(c) City or town Sedalia  
(d) Street No. 1015  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Madeline S. Salmon  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 10  
year 1940 hour 8:30 P. minute 30 P.  
21. I hereby certify that I attended the deceased from 2 weeks only  
8-10 1941 to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife C. E. Salmon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 29  
(Month) (Day) (Year)

Immediate cause of death Injured in Automobile accident Duration \_\_\_\_\_  
fracture of skull  
Due to Automobile overturned  
Due to Struck by a truck  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 58 Months 10 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Cooper Co. Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation House Wife

Major findings: 170°  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name W. C. Salmon  
13. Birthplace Cooper Co. Mo.  
14. Maiden name Eliza F. Tomlinson  
15. Birthplace Cooper Co. Mo.  
16. (a) Informant C. E. Salmon  
(b) Address Sedalia  
17. (a) Burial (b) Date thereof 8-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mem Park  
18. (a) Signature of funeral director McLaughlin Bros  
(b) Address Sedalia  
19. (a) Aug 12, 1941 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 8-10-41  
(c) Where did injury occur? Sedalia  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? practicing (Specify type of place) (e) Means of injury 3  
23. Signature W. T. Bishop (M. D. or other)  
Address Sedalia Mo. Date signed 8-11-41

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-10-41

**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.....  
.....  
working under my personal supervision.

Registered Apprentice No.....  
Signed *F. E. Baker*  
Licensed Embalmer No. *2419*  
P. O. Address *Sedalia*

**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.**