

Registration District No. 590

Primary Registration District No. 4348

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Montgomery Co. Mo.
(b) City or town Near Big Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 28-6-16 (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Dellar Sylvester Salamink,

3. (b) If veteran, name war XX 3. (c) Social Security No. 496-09-5861

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6 1913
(Month) (Day) (Year)

8. AGE: Years 28 Months 6 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace McKittrick, Mo. RFD
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name Henry B. Salamink,
13. Birthplace Near Americus, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Maxe,
15. Birthplace Near Rhineland, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry B. Salamink
(b) Address McKittrick, Mo. RFD

17. (a) Burial (b) Date thereof Sept 24th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loutra Island.

18. (a) Signature of funeral director Ray Means
(b) Address Americus, Mo.

19. (a) Sept 24 1941 (b) Blanche Schollen
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) (State) Missouri. (b) County Montgomery.
(c) City or town McKittrick, Mo. RFD
(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.? XX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 22nd.
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from SUDDEN, 1941, to DEATH, 1941;

that I last saw him alive on _____, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death BROKEN NECK.
FRACTURED SKULL INSTANT.

Due to _____

Due to _____

Other conditions CRUSHED CHEST.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy NONE

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

(a) Accident, suicide, or homicide (specify) ACCIDENT
(b) Date of occurrence SEPTEMBER 22nd, 1941.

(c) Where did injury occur? BIG SPRINGS MONTGOMERY Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
STATE HIGHWAY 19 ABOUT 1 MILE N. BIG SPRINGS
While at work? YES. (Specify type of place) (e) Means of injury DRIVING TRUCK TURNED OVER 20 FT. EMBANKMENT.

23. Signature Ray Means Date signed 9/23/41.
Address Spartanburg, Mo.

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

FATHER {
MOTHER {

-070
0

Duration

INSTANT.

PHYSICIAN

Underline the cause to which death should be charged statistically.

070

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 _____

D. B. Baker, _____, Registered Apprentice No. _____

working under my personal supervision.

Signed D. B. Baker

Licensed Embalmer No. 3375

P. O. Address Americus, Mo.

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.