DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG. 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24577

State File No.

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City (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 (Specify whether

In this community 6 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City (If outside city or town limits, write "RURAL")

(d) Street No. 912 W. Broadway (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Emma Cordelia Sallee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. C. Sallee

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June (Month) 27 (Day) 1878 (Year)

8. AGE: Years 64 Months 1 Days 18 If less than one day hr. min.

9. Birthplace No Data (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business home

FATHER
12. Name W. Kirkman
13. Birthplace No Data (City, town, or county) No Data (State or foreign country)

MOTHER
14. Maiden name No Data White
15. Birthplace No Data (City, town, or county) No Data (State or foreign country)

16. (a) Informant's own signature C. C. Sallee (husband)

(b) Address Webb City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/42 (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) July 16, 1942 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1942 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 3, 1942 to July 15, 1942; that I last saw her alive on July 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	6 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature K E Baker (M. D. or other)

Address Carthage Mo Date signed 7/15/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-17-39 I X19511

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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.....

Licensed Embalmer No. 2859

P. O. Address.....

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.