

FILED JAN 13 1943

Registration District No.

Primary Registration District No. 1003

Registrar's No. 331

1. PLACE OF DEATH:

(a) County Adair Co. Mo.

(b) City or town Rural - Morrow
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
years, months or days

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JANIE MAY SALSBERY

3. (b) If veteran name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1942 hour 12 minute 30 M.

4. Sex F. 1. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 12 25 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 25 1942 to Dec 25 1942
that I last saw W alive on Dec 25 1942
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____
5 hr. 30 min.

Immediate cause of death Premature Birth

Duration _____

9. Birthplace Adair Co. Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

10. Usual occupation _____

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy ✓

MOTHER FATHER

12. Name Edwin Salsberry

13. Birthplace Pulman Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margorie May Davis

15. Birthplace Adair Co. Mo.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Edwin Salsberry

(b) Address State, mo.

17. (a) Burial (b) Date thereof 12-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Castle, Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signate H. P. Garrison M.D. (M. D. or other) _____
Address Morning 2740 Date 12-22-42

18. (a) Signature of funeral director Edwin Salsberry

(b) Address Green City, Mo.

19. (a) 12/30/42 (b) Mrs. J. L. Wagner
(Date received local registrar) (Registrar's signature)

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

100

1049

RECEIVED

District Health Officer No. 10

District File Number 10-43-84

Filed JAN 1 1943

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.....

not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Glenn E. Kent*

Licensed Embalmer No. 1769

P. O. Address *Green City 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, fact should be so stated above.