

FILED JAN 15 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 5169

Registrar's No. 427

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Williamsburg, Mo. Rural  
(c) Name of hospital or institution: 1 1/2 miles W. of Williamsburg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Nine years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Williamsburg, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28  
year 1945 hour 6 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 11-8-45 to 100% Dec 28 1945  
that I last saw him alive on December 15 and that death occurred on the date and hour stated above.

Immediate cause of death cardiac insufficiency  
Due to Senility  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 450  
Of autopsy \_\_\_\_\_

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?  
While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Signature K.R. Nichols (M. D.)  
Address Williamsburg, Mo. Date signed 12-31-45

3. (a) PRINT FULL NAME Louisa Magdaline Sallee  
3. (b) If veteran, name war L 3. (c) Social Security No. ✓

4. Sex F 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 July 21 1850  
(Month) (Day) (Year)

8. AGE: Years 95 Months 5 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Joseph Sallee  
13. Birthplace Mount Sterling Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Anderson  
15. Birthplace Mount Sterling Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Baynham  
(b) Address Williamsburg, Mo.

17. (a) Burial (b) Date thereof Dec. 30 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Concord

18. (a) Signature of funeral director Hughes Marpin  
(b) Address Auxvasse Mo.

19. (a) 111-7 (b) Joan Marsden  
(Date received local registrar) (Registrar's signature)

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

14  
0  
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-14-66

---

---

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 Hughes Manpin

Licensed Embalmer No. 2358

P. O. Address Ann Vasse, 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.