S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15823

FILED JUN 10 1946

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 561

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 630½ So. 6th. St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution * (Specify whether
In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 630½ So. 6th. St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Blanche M. Salsbury

3. (b) If veteran, name war None — 3. (c) Social Security No. None

4. Sex Female — 5. Color or race White — 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Leo. — 6. (c) Age of husband or wife if alive 37 years

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

8. AGE: Years 32 — Months 6 — Days 8 — If less than one day ___ hr. ___ min.

9. Birthplace Lynch (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Richard Foreman
13. Birthplace Craig (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Beulah Parish
15. Birthplace Craig (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Beulah Foreman
(b) Address 713 So. 7th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) May 16, 1946 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature) By V.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1946 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 22, 1946 to May 11, 1946 that I last saw her alive on May 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	3W
not possible to specify type	
Due to	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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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 Charles H. Werner (M. D. or other)
Address 221 Kirkpatrick Bldg. Date signed 5-14-1946

34 (Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.