

U.S. No. 2  
OM-5-43  
REV. 5-17-39  
I X36671

State File No. ....

Registrar's No. 125

**FILED** AUG 21 1946

Registration District No. 2

Primary Registration District No. 5853

1. PLACE OF DEATH: **Nodaway**

(a) County: **Nodaway**

(b) City or town: **Maryville - Rural Polk Township**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1 mile N.E. Polk Township**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **10 months**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri**

(b) County: **Nodaway**

(c) City or town: **Maryville**  
(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: **George Addison Sallee**

3. (b) If veteran, name war: **no**

3. (c) Social Security No.: **557-34-5869**

4. Sex: **male**

5. Color or race: **white**

6. (a) Single, widowed, married, divorced: **married**

6. (b) Name of husband or wife: **Mary Jane Sallee**

6. (c) Age of husband or wife if alive: **46** years

7. Birth date of deceased: **March 30, 1887**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	4	3	hr. min.

9. Birthplace: **Nodaway County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **retired farmer**

11. Industry or business: **Frank Sallee**

MOTHER FATHER

12. Name: **Frank Sallee**

13. Birthplace: **Ill**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Maggie Taylor**  
**Ohio**  
(City, town, or county) (State or foreign country)

15. Birthplace: **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Mary Jane Sallee**

(b) Address: **Maryville, Missouri**

17. (a) **burial**  
(Burial, cremation, or removal)

(b) Date thereof: **8-8-46**  
(Month) (Day) (Year)

(c) Place: **Ohio Cemetery**

18. (a) Signature of funeral director: **Beas Holt**

(b) Address: **Maryville, Mo.**

19. (a) **Aug 8 1946**  
(Date typed local registrar)

(b) **Beas Holt**  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2** year **1946** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 25, 1946 to Aug 2, 1946**  
that I last saw him alive on **Aug 2, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion**

Due to: .....

Due to: .....

Other conditions: **None**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **None**  
Of operations: .....

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)

Means of injury: **2**

23. Signature: **H. G. Gerten** (M. D. or other) **DO**

Address: **Maryville, Mo.** Date signed: **8-4-46**

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

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**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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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..... *John W. Price*.....  
Licensed Embalmer No. *4281*.....  
P. O. Address: *Maryville 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.**