

3. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12635

FILED APR 21 1947

State File No. _____

Registration District No. 44

Primary Registration District No. 4060

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Breckenridge
(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 Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell

(c) City or town Breckenridge
(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 FRED ALLEN SALISBURY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Genevieve Salisbury

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased August 2, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>7</u>	<u>27</u>	<u>hr. min.</u>

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

10. Usual occupation Butcher & Grocer

11. Industry or business Grocery Business

12. Name Vates Salisbury

13. Birthplace Unknown, N.Y. State
(City, town, or county) (State or foreign country)

14. Maiden name Laura Parker

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

16. (a) Informant R. W. Place

(b) Address Breckenridge, Mo.

17. (a) Burial (b) Date thereof April 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Breckenridge, Mo.

18. (a) Signature of funeral director Genevieve Michael

(b) Address Braymer, Mo.

19. (a) 4-11-47 (b) Mrs. Nell B. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 47 hour 9 minute PM M.

21. I hereby certify that I attended the deceased from Mar 29 to Mar 29, 1947
that I last saw him alive on Mar 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthena Duration 12 hrs

Due to Angina pectoris 2 yr.

Due to _____

Other conditions (Include pregnancy within 3 months of death)
E U Thompson

Major findings: 94B

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E U Thompson (M. D. or other) MD

Address Breckenridge, Mo. Date signed _____

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

MOTHER FATHER

373 (Licensed Embalmer's Statement on Reverse Side)

mech-31-47

DISTRICT HEALTH OFFICE
Canton, Mo.

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 Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.