

No. 2
12-45
-17-39
X47070

FILED JUN 9 1947

Registration District No. 59

Primary Registration District No. 4102

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Creighton
(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 6 mo years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Creighton
(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

3. (a) PRINT FULL NAME Isaac Huffman Salles

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jesse Salles
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased January 3 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name W. H. Salles

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

14. Maiden name Janie McWatters

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

16. (a) Informant Mrs Heema Ross

(b) Address Wrieh, Mo.

17. (a) Burial (b) Date thereof 6 3 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill

18. Signature of funeral director Robert Arnold

(b) Address Creighton Mo

19. (a) June 4 1947 (b) Dama J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1947 hour 19 minute 45 P.M.

21. I hereby certify that I attended the deceased from January 30, 1947
1947 to 30th May, 1947
that I last saw him alive on 30th May, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of prostate & Metastasis to spine
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 510

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 7/0

(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 1

23. Signature Harry B. Herndon (M. D. or other)

Address Hannasville, Mo. Date signed 6-2-47

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 *Robert Arnold*

Licensed Embalmer No. *3621*

P. O. Address *Craighton, 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.