

FILED SEP 30 1947

Registration District No. **347** Primary Registration District No. **4177**

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

1. PLACE OF DEATH:
 (a) County Sullivan
 (b) City or town Rural - Buchanan
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Life years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Sullivan
 (c) City or town Rural - near Green Blk
(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 ARCHIE BRANDON SALSBERY
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September 20
 year 1947 hour 11 minute 45 P.M.
 21. I hereby certify that I attended the deceased from Sept 20, 1947 to Sept 20, 1947.
 that I last saw him alive on Sept 20, 1947.
 and that death occurred on the date and hour stated above.

4. Sex 7 1 5. Color or race w
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lenna Salsberry
 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased 10 23 1904
(Month) (Day) (Year)

Immediate cause of death:
Coronary Thrombosis 2 weeks
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
42 10 27 hr. _____ min.

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

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

10. Usual occupation Farmer
 11. Industry or business _____
 12. Name Jonathan Salsberry
 13. Birthplace Doit Ky
 14. Maiden name Charlotte Hamilton
 15. Birthplace Sull. Co. Mo. O
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Archie Salsberry
 (b) Address Green City, Mo.
 17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 10-24-1947
(Month) (Day) (Year)
 (c) Place: burial or cremation Burnell, Mo.

While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature Paul Smith D.O. (M. D. or other)
 Address Green City, Mo. Date signed Sept 22 1947

18. (a) Signature of funeral director Wm. E. Kent & Co.
 (b) Address Green City, Mo.
 19. (a) 10-47 (Date received local registrar) (b) Laura Shaw (Registrar's signature)

RECEIVED
District Health Officer No. 70
District File Number 947-1321
Date Filed SEP 29 1947

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

Archie W. Wade

Licensed Embalmer No.

3037

P. O. Address

Green City 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.