S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13069

FILED APR 21 1948

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 93

49
1
3

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

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town Carthage, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Plume's Nursing Home. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Weeks. (Specify whether
In this community 25 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage, Missouri. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1228 Jersey Street. 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Anderson SALLEE.

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Herbert E. SALLEE

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

7. Birth date of deceased June (Month) 6, (Day) 1866 (Year)

8. AGE: Years 81 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Philadelphia, Pennyslvania. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business None.

FATHER
12. Name D. M. Mathieu.
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie McCrory
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace F. Ulmer. 1
(b) Address Carthage, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer.
(b) Address Carthage, Missouri.

19. (a) 4-13-1948 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature) 131 5 n 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13, year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 19-3, 1946, to 4-13, 1948 that I last saw her alive on April 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma Left Breast

Due to Metastasis as to Stomach 50

Due to senility

Other conditions art. sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy Positive

Of autopsy none

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Lloyd B Clinton (M. D. or other)

Address Carthage MO Date signed 4/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-3-308

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 Charles H. Hutsler Jr. Charles H. Hutsler Jr., Registered Apprentice No. #24, working under my personal supervision.

Signed Gene C. Pugh. Gene C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, Missouri

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.