

FILED JUL 15 1940

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

1. PLACE OF DEATH

(a) County Linn
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. #3 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution six days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Stockton
(If outside city or town limits, write "RURAL.")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Reba Sledd 430
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Sledd 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Feb 22 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 2 10 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Brown 1
18. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Moreland
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Recd.
(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 5/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director U. C. Davis
(b) Address Stockton Mo.

19. (a) 5-2-40 (b) Allen W. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1940 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 26, 1940 to May 2, 1940; that I last saw h. or alive on May 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho pneumonia 4 days
Due to Chronic nephritis
Due to Menstrual exhaustion
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 121
Of operations _____
Of autopsy _____

Duration
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? 715
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Wm. J. Crane (M. D. or other) 1
Address Nevada Mo Date signed May 2, 1940

RECEIVED
District Health Officer No. 7,
District File Number 6-40-939
Date Filed 6-24-40

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 Allen V. Hays
Licensed Embalmer No. 1968
P. O. Address Nevada, 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, above space should be left blank.