No. 2
-4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 8309

FILED MAR 19 1941

Registration District No. 799

Primary Registration District No. 4479

Registrar's No. 12

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

**1. PLACE OF DEATH:**
(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 50 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo. (b) County Saline 97
(c) City or town Slater 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sallie Davis
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) 1877 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 64 | v | v | hr. min. |

9. Birthplace 0 Mo. (City, town, or county) (State or foreign country)
10. Usual occupation house work
11. Industry or business
FATHER
12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Belle Woolery
(b) Address Slater, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2--2--'41 (Month) (Day) (Year)
(c) Place: burial or cremation Slater, Mo.
18. (a) Signature of funeral director Hill Brothers
(b) Address Slater, Mo.
19. (a) 2-2-41 (Date received local registrar) (b) W. M. Tuttle (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day first year 1941 hour 11 minute a M.
21. I hereby certify that I attended the deceased from Did not attend her, 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Had been dead four hours when I was called.
Due to From appearance of body the cause of death was
Due to Cardio Renal disease.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
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) no
(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 —
23. Signature M. C. Duggins (M. D. or other) 0
Address Date signed 2-1-41

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1948

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-41

**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 Edgar Moore

Licensed Embalmer No. 4187

P. O. Address Slater 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.**