

FILED JAN 18 1943

Registration District No. 69

Primary Registration District No. 4122

Registrar's No. 21

1. PLACE OF DEATH

(a) County Christian  
(b) City or town Nixa  
(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 all of life years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Dora Marie Slay

3. (b) If veteran, name war. ✓

3. (c) Social Security No. 1

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 28 - 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
25 7 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Maynard  
13. Birthplace Mo. O  
(City, town, or county) (State or foreign country)  
14. Maiden name Agnes Singer  
15. Birthplace Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Amos

(b) Address Nixa - Mo. R-1

17. (a) Burial (b) Date thereof 12-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Connell Cem.

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever - Mo.

19. (a) Dec 17 1942 (b) Edna B Wood  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
(c) City or town Nixa 22  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8  
year 1942 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 5 1942 to Dec 7 1942  
that I last saw h. u alive on Dec. 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 1 1/2 yrs

Due to T. B. infection 13 1/2 " "

Due to \_\_\_\_\_

Other conditions Heart insufficiency  
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy None

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. B. Hanson Nixa, Mo (M. D. or other)  
Address Dec 8 1942 Date signed 0

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 143-55

Date Filed JAN 15 1943

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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.....

*J. W. Maple*

Licensed Embalmer No.....

*2985*

P. O. Address.....

*Cleaver, 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.