

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18751

State File No. \_\_\_\_\_

Registrar's No. 56

FILED JUN 1 1943

Registration District No. 290

Primary Registration District No. 4431

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

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Dixon  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Susan Melvina Slone

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22  
year 1943 hour 9 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Mar 1  
1943 to April 27, 1943  
that I last saw her alive on April 23, 1943  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife James Marshall Slone

6. (c) Age of husband or wife if alive 77 Past years

7. Birth date of deceased: 7 (Month) 14 (Day) 1871 (Year)

Immediate cause of death Pernicious anaemia

Duration unknown

8. AGE: Years 71 Months 9 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Other conditions (Include pregnancy within 3 months of death) 1730

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

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Michael Null

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Eveline Hensley

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr. James M. Slone

(b) Address Dixon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Seaton

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? \_\_\_\_\_

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 5-2-1943 (Date received local registrar) (b) John M. Jordan (Registrar's signature)

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

23. Signature John M. Jordan (M.D. or other) Do

Address Dixon Mo Date signed 4-30-43

1170

RECEIVED

Pulaski County Health Officer

File Number 50-43-55

Date Filed 5-28-43

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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.....

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.