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FILED AUG 1 1943

Registration District No. 100

Primary Registration District No. 3016

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(c) Name of hospital or institution: X
(d) Length of stay: In hospital or institution X
In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Salem
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs Mable Slawson

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or Race W 6. (a) Single, widowed, married, divorced, mar
6. (b) Name of husband or wife Geo Slawson 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 20 1891

8. AGE: Years 52 Months - Days 29 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name James H Butler
13. Birthplace Dent Co (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Heuser
15. Birthplace Crawford Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address Salem Mo
17. (a) bur. (b) Date thereof 7/21/43
(c) Place: burial or cremation Cedar Grove Cem

18. (a) Signature of funeral director Carl K. Spitzer
(b) Address Salem Mo
19. (a) 7-28-43 (b) Jas H. McLeod (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1943 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from Oct 21 1942 to July 19 1943 that I last saw her alive on July 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Duration of 2-3 days

Due to H6a

Other conditions Secondary malignant melanoma of vulva

Major findings: Of operations none

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Means of injury)
23. Signature J. H. Bennett M.D. (M. D. or other)
Address Salem Mo Date signed 7/21/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 3.

District File Number

843469

Date Filed

8-5-40

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.....

Carl K. Johnson

Licensed Embalmer No.

9370

P. O. Address

Salina 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.