

FILED MAR 14 1945

Registration District No. 392

Primary Registration District No. 44-7-2 6087

Registrar's No. 9

1. PLACE OF DEATH

(a) County Saline

(b) City or town Rural - Cambridge
(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 all her life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

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

(d) Street No. One Mile East Slater
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rice Rice

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1945 hour 3 minute 1 M.

21. I hereby certify that I attended the deceased from 18 yrs to 1938, to date, 1945
that I last saw her alive on Feb 27, 1945
and that death occurred on the date and hour stated above.

4. Female 5/ Color or race white

6. (a) Widowed, ~~single~~, ~~widowed~~, ~~married~~, ~~divorced~~

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased Nov-9-1864
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration _____

Due to Advanced age - 7 kidney and bronchial involvement -

Due to unsound mind last 18 months -

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

8. AGE: Years 80 Months 3 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Elvicer Walker Jenkins

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

14. Maiden name Bertie Mae Walker

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

16. (a) Informant Arch Slater

(b) Address Slater, Mo

17. (a) Burial (Burial, cremation, or removal) Date thereof 3-2-45
(Month) (Day) (Year)

(c) Place: burial Slater City Cemetery

18. (a) Signature of funeral director Slater, Mo

(b) Address _____

19. (a) Mar 3-45 (b) Miss John Giger (Registrar's signature)

Major findings: Of operations _____

Of autopsy 930

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)

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 Prof. Kueckles (M. D. or other) _____

Address Slater Date signed 3/25

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

7
0
0

RECEIVED

District Health Officer No. 6

District File Number

Date Filed 2/13/45

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 Joe E Jones

Licensed Embalmer No. 3143

P. O. Address State 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.