

FILED

JAN 31 1946

Registration District No. 1376

Primary Registration District No. 4282

Registrar's No.

1. PLACE OF DEATH:

(a) County WRIGHT Blank Tp
(b) City or town NORWOOD
(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 6 5 3
In this community 6 5 3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME SARAH ELIZABETH SLUDER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased JULY 19 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 20 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name John William Boudreau
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name
15. Birthplace 5 Margaret Jane Morris
(City, town, or county) (State or foreign country)

16. (a) Informant Loray C. Willard
(b) Address Norwood, Mo.

17. (a) Burial (b) Date thereof Jan 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maionis, Mo.

18. (a) Signature of funeral director R. W. Barber
(b) Address Mtn. Grove, Mo.

19. (a) 2-14-46 (b) Mrs. A. R. Storchon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Norwood
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1946 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from Jan 2
1946 to Jan 19 1946
that I last saw h. ✓ alive on Jan 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Arteriosclerosis
Due to Arteriosclerosis
Other conditions None
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations 92b
Of autopsy

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 L. J. Vinyard (M. D. or other)
Address Norwood, Mo. Date signed 1/22 1946

FEB 4 1946

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, N.C.

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.

Registration District No. 376

Primary Registration District No. 6282

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Worthwood Clark Twp
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Sarah E. Sluder

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased July 24 (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-14-46 (b) Mrs. A. B. Worsham (Registrar's signature)
by Mrs. Roy Burnett, D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1946 (hour) _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

MOTHER FATHER

347A

4430