

FILED FEB 19 1946

Registration District No. 272

Primary Registration District No. 4367

Registrar's No. 5

1. PLACE OF DEATH: NEW MADRID

(a) County Scott

(b) City or town Morehouse
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: NEW MADRID

(a) State Missouri (b) County Scott

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME JULIA SLAYDEN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced Widowed

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

7. Birth date of deceased July 11 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 27 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Columbus Derice

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name Lane Lewis

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

16. (a) Informant Mr. L. L. Hardy
(b) Address Pittsburg, Pa.

17. (a) Burial (b) Date thereof 2-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Strickland-Rainey Dexter, Mo.

(b) Address _____

19. (a) Feb-11-1946 (b) Thomas S. Steeter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-7 to 2-8, 1946
that I last saw her alive on 2-8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia of origin
Due to _____

Due to _____

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

Major findings: Of operations KLP
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 0

23. Signature J. M. Dano (M. D. or other) MA
Address Morehouse Mo Date signed 2-9-46

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

12
3
0

500

17
2
5

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

200

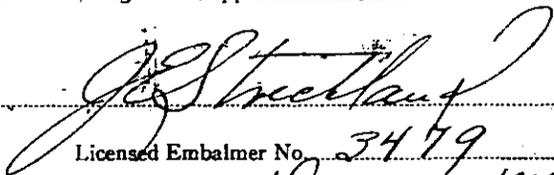
RECEIVED
District Health Office No. 2
District File Number 246-219
Date Filed 2-13-46

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. 3479

P. O. Address Wester, 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.