

FILED APR 12 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 322

Primary Registration District No. 2087

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town R.F.D. No. 1, Slater
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
 In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
 (c) City or town R.F.D. Slater
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country?
 If yes, name country

3. (a) PRINT FULL NAME Mary Jane Cook

3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased September 2 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>5</u>	<u>15</u>	hr. min.

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

10. Usual occupation farmers wife

11. Industry or business

12. Name Washington Taylor

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

14. Maiden name Harriett Edmonds

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

16. (a) Informant Mrs. Mary Cook,

(b) Address R.F.D. No. 3, Slater
burial

17. (a) burial (b) Date thereof 3-13-'46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address

19. April 6, 1946 (b) Mr. Earl C. Metz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
 year 1946 hour 12 minute 15 p. M.

21. I hereby certify that I attended the deceased from Feb. 1941
 to Mar. 9 - 1946
 that I last saw her alive on Mar. 9 - 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
 Duration

Due to

Due to

Other conditions

Major findings:
 Of operations

Of autopsy 1026

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?
(Specify type of place)

While at work?
(c) Means of injury

23. Signature [Signature] (M. D. or other)

Address Slater Date signed 3/11/46

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

97
6
0

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 4-11-42 -----

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 Sam M Hill

Licensed Embalmer No. 1292

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.