

FILED APR 10 1946

Registration District No. 322

Primary Registration District No. 6085

Registrar's No. 4

1. PLACE OF DEATH: **Saline**

(a) County..... **Saline**

(b) City or town..... **R.F.D. Slater, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **none Clay Twp**
(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..... **40 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **Saline 97**

(c) City or town..... **R.F.D. Slater, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **Clay Twp**
(If rural, give location)

(e) Citizen of foreign country?..... **no** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Friederike Johanna Mette**

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..... **married**

6. (b) Name of husband or wife..... **H. L. Mette**

6. (c) Age of husband or wife if alive..... **89** years

7. Birth date of deceased..... **July 18 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 7 1 hr. min.

9. Birthplace..... **Warren County MO**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **farmers wife**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Herman Schulte**

13. Birthplace..... **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Buddke**

15. Birthplace..... **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Richard Borgman**

(b) Address..... **R.F.D. Slater, Mo.**

17. (a) **burial** (b) Date thereof..... **2--22-'46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Pauls Church**

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

(b) Address..... **Slater, Mo.**

19. (a) **Mar. 25, 1946** (b) **Mrs. W.C. Shackelford**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Feb.** day..... **19th**
year..... **1946** hour..... **8** minute..... **P** M.

21. I hereby certify that I attended the deceased from **Jan 1 1945**, 19....., to **Feb 15 1946**, 19.....
that I last saw her alive on **Feb 15 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Metral Resuscitation

Due to.....
Senility

Due to.....

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

Major findings:
Of operations..... **928**

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... **P. L. Lawless** (M. D. registrar)
Address..... **Maro Hall, Mo.** Date signed..... **3-15-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7
5
0

10007

RECEIVED

District Health Officer No. 8;

District File Number

Date Filed 4-9-46

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 A. C. Hill

Licensed Embalmer No. 3090

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.