

**FILED JUN 7 1946**

Registration District No. **222**

Primary Registration District No. **6087**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(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**  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **none**  
(Specify whether years, months or days)

In this community **all her life**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Slater**  
(If outside city or town limits, write "RURAL") **2**

(d) Street No. \_\_\_\_\_  
(If rural, give location) **1**

(e) Citizen of foreign country? **no** (Yes or No) **1**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Martha Jane Dille**

3. (b) If veteran, **no** name war \_\_\_\_\_

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1st** year **1946** hour **noon** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw her alive on **April 14**, 19**46** and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: **July 27 1861**  
(Month) (Day) (Year)

Immediate cause of death: **Mitral Stenosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>84</b>	<b>9</b>	<b>4</b>	hr. _____ min.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace **Saline County Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

12. Name **Stephen H. Dille**

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

14. Maiden name **Eliza Dennis**

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

16. (a) Informant **Mrs. Geo. Thomas**

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

17. (a) **burial** (b) Date thereof **5-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

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

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

19. (a) **June 3, 1946** (b) **Mr. Earl C. Metz**  
(Date received local registrar) (Registrar's signature)

23. Signature **J. E. Honick** (M. D. or other) **2**

Address **Slater, Mo.** Date signed **5-6-46**

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

MOTHER FATHER

117  
0  
0

292

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-5-46

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 Sam M. Hill  
Licensed Embalmer No. 1292  
P. O. Address St. Louis 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.