

FILED JUN 20 1946

Registration District No. 322

Primary Registration District No. 3071

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Slater
(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 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 99
(c) City or town Slater
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location) i
(e) Citizen of foreign country? (Yes or No) i
If yes, name country:

3. (a) PRINT FULL NAME Susan Reynolds Dennis

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

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

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: May 7 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 6 If less than one day
..... hr. min.

9. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business:

12. Name Lindsey Reynolds

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

14. Maiden name Eliza Walker

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

16. (a) Informant John Dennis

(b) Address Slater Mo.

17. (a) Burial (b) Date thereof 6/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater City Cemetery

18. (a) Signature of funeral director Jones and Salzer

(b) Address Slater Mo.

19. (a) June 5, 1946 (b) Mrs. Earl C. Metz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June/13/46
year 1946 hour 10 A.M. minute M.

21. I hereby certify that I attended the deceased from June 13 1946 to June 13 1946
that I last saw her alive on June 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Duration

Due to

Due to

Other conditions:

Major findings: Of operations: 930

Of autopsy:

PHYSICIAN

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) (e) Means of injury 6

23. Signature St. Mead (M. D. or other)

Address Slater Mo Date signed 6/13/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
21261
0 44 46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-13-46

ESTABLISHED

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 Herman Salzer

Licensed Embalmer No. 1831

P. O. Address Slater Missouri.

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.