

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 29 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23265

State File No. 23265

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Sanity Albany
(b) City or town Albany
(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

3. (a) PRINT FULL NAME

Jessie Slade

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

4. Sex Female 5. Color or race w. 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 June 16 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired school teacher

11. Industry or business

12. Name Tilma R. Slade
13. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Delia Kree
15. Birthplace Sanity Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Knight
(b) Address Albany Mo

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

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director W. H. H. Rose

(b) Address Albany Mo

19. (a) June 15-1946 (b) W. H. H. Rose
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sanity 38
(c) City or town Albany Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1946 hour 8 minute 4 M.

21. I hereby certify that I attended the deceased from May 6 - 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 Thrombosis of right pulmonary artery 37d
Duration

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

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? _____
(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 Frank H. Rose (M. D. or other) M. D.
Address Albany Mo Date signed 6-13-46

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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Robert Brooks

Licensed Embalmer No. 3329

P. O. Address Altamont, 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.