

FILED JUL 22 1946

Registration District No. 322

Primary Registration District No. 3071

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Slater, Mo.
(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 no (Specify whether
In this community no years, months or days)

3. (a) PRINT FULL NAME Olive May Birch

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 3 divorced divorced

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

7. Birth date of deceased: June 29 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 7 If less than one day hr. min.

9. Birthplace: Jasper County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name William P. Tullis

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

14. Maiden name Jennie Daugherty

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

16. (a) Informant Christine Ackleberry

(b) Address Slater, Mo.

17. (a) burial (b) Date thereof 7- -'46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director HII Brothers,
(b) Address Slater, Mo.

19. (a) July 12 '46 (b) Mrs. Earl C. Metz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Slater
(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 July day 6th
year 1946 hour 7 minute a M.

21. I hereby certify that I attended the deceased from July 6th 1946
to July 5th 1946
that I last saw her alive on July 5th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Duration 5 days

Due to Cancer of cervix 5 years

Due to Esidermoid type II

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 480

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?

While at work? (Specify type of place) (Specify means of injury)

23. Signature O. C. McSweeney, M.D. M. D. (or other)

Address Slater, Mo. Date signed 7/8/46

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

7
2
1

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-28-46

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 Slater 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.