

FILED DEC 24 1946

Registration District No. **222**

Primary Registration District No. **3071**

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Slater Mo.
(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.....
(Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline **97**
(c) City or town Slater **"2"**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) **"10"**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Guince Dobbins

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

4. Sex Male **2** 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug **5** 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 1 If less than one day
hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Frank Dobbins **1**
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Sallie Nickles
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Frank Dobbins
(b) Address Slater Mo.

17. (a) Burial (b) Date thereof Dec. 9 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 Missouri

19. (a) Dec 14 1946 (b) Dr. Earl C. Metz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 7 6
Year 1946 Hour 11 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Dec 5
1946 to Dec 6 1946
that I last saw him alive on December 6 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.....
(Include pregnancy within 3 months of death)

Major findings: 30E
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?

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature Dr. Earl C. Metz (M. D. or other) M.D.
Address Slater, Mo. Date signed 12-9-46

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-21-46.....

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..... 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.