

S. No. 2
OM-5-43
v. 5-17-39
I X26871

State File No. 87
Registrar's No. 17

FILED FEB 13 1947
Registration District No. 11

Primary Registration District No. 4024

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barry County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Purdy Mo. Route #2
(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 None.

3. (a) PRINT FULL NAME Wilma Maxine Sliger

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 Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased Jan. 3 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

22 hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name John Sliger

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

14. Maiden name Pearlie Boyd

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

16. (a) Informant John Sliger

(b) Address Purdy, Mo. Route #2

17. (a) burial (b) Date thereof 1/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wanda Ceme.

18. (a) Signature of funeral director Wm. Morris Popie

(b) Address Wheaton, Mo.

19. (a) Jan 30 - 1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 23
1947 to Jan 25 1947
that I last saw h. er alive on Jan. 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Congenital heart disease

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

157E

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 0

23. Signature Grace Williams (M. D. or other) 1947
Address Cassville, Mo. 65201 Date signed 1-29-47

RECEIVED

District Health Officer No. 6;

District File Number 247-201

Date Filed FEB 10 1947

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 Wm Morris Payne

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.