

FILED APR 17 1947

Registration District No. 322

Primary Registration District No. 3071

Registrar's No.

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: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)
In this community 15 years

3. (a) PRINT FULL NAME Lucy Aligy

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

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased Dec. 2 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 30 If less than one day _____ hr. _____ min.

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

10. Usual occupation house-work

11. Industry or business _____

12. Name Paul Lewis
13. Birthplace don't know
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Cason
(b) Address 1028 West 17th St. Des Moines Iowa

17. (a) burial (b) Date thereof 2-18-'47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Hill Brothers,

(b) Address Slater--Mo.

19. (a) Mar. 7, 1947 (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? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1947 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from Jan 1947 to Feb 12 1947
that I last saw him alive on Feb 12 1947, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Cause
Apoplexy
Due to Chronic Parenchymatous
Nephritis

Other conditions 1318
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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 5

23. Signature M.C. Duggins, M.D. (M. D. or other)
Address Slater Mo. Date signed 2/13/47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-15-47

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.....

A. C. Hill

Licensed Embalmer No. 3090

P. O. Address.....

Staten

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.