

Registration District No. 322

Primary Registration District No. 2071

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Saline Co
(b) City or town Slater
(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 80 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Slater 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Willie Frances Harris

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 Widowed
6. (b) Name of husband or wife G.E.O. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 12, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 13 hr. min. 0

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name E. Gauldin 1
13. Birthplace Va. (City, town, or county) (State or foreign country)
14. Maiden name Polly Ann Guinn
15. Birthplace Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant John Gauldin
(b) Address Slater Missouri

17. (a) Burial (b) Date thereof May-27-48
(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) May 21, 1948 (b) Mrs. Earl C. Metz
(Date received local registrar) (Registrar's signature) 10/27/48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1948 hour 9 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 4
1946, to May 25, 1948;
that I last saw her alive on May 25, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 3 days
Due to Cerebral Hemorrhage 9 days

Due to Hypertensive Cardiovascular Disease

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 _____ (or) Means of injury _____

23. Signature Earl C. Metz M.D. (M. D. _____)
Address Slater Mo Date signed 5-26-48

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-4-48

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.