

Registration District No. 43 Primary Registration District No. 4059

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Reelyville 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: 1
In this community: 2 year
years, months or days (Specify whether)

3. (a) PRINT FULL NAME: Drean Sledge
3. (b) If veteran, name war: No. 3. (c) Social Security No.

4. Sex: female 3 5. Color or race: black
6. (a) Single, widowed, married, divorced: married 1
6. (b) Name of husband or wife: Walter Sledge
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: 10 - 16 - 1913
(Month) (Day) (Year)

8. AGE: Years: 35 Months: 2 Days: 11
If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Unknown 9
13. Birthplace: Unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown 9
15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Walter Sledge Husband
(b) Address: (Rear) Hart Street Reelyville Mo.

17. (a) Burial (b) Date thereof: 11 - 1 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation: Reelyville Mo
18. (a) Signature of funeral director: Frank E. Smith
(b) Address: 1212 Marshall St. Reelyville Mo.

19. (a) 11-1-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler 17
(c) City or town: Reelyville
(If outside city or town limits, write "RURAL")
(d) Street No.: (Rear) Hart Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 27
year 1948 hour 8 minute A M.
21. I hereby certify that I attended the deceased from Oct 27, 1948, to Oct 27, 1948.
that I last saw her alive on dead within arrival
and that death occurred on the date and hour stated above.

Immediate cause of death: angina pectoris
Duration

Due to:
Due to:

Other conditions: (Include pregnancy, within 3 months of death)

Major findings:
Of operations: none
Of autopsy: no aut.
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: [check] (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) Means of injury: 0
23. Signature: [Signature] (M. D. or other) MS
Address: Reelyville Mo Date signed: 11/2/48

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

2
5
39
7070

RECEIVED

District Health Office No. 2,

District File Number 11-4-48-1494

Date Filed 11-4-48

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address St. Johnston, N.M.

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.