

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 740 Primary Registration District No. 4426

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 2
 In this community All Her Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saline
 (c) City or town Slater
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Nettie Dodson Crowder 636
 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, married
 6. (b) Name of husband or wife Arthur 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased September 28, 1875
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 4 year 1939 hour 4 minute 25 M.
 21. I hereby certify that I attended the deceased from Oct 25, 1939, to Nov 4, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 1 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Myocarditis chronic Duration 2 mos

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

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Home

Major findings: Of operations none Of autopsy _____

11. Industry or business _____
 12. Name W. J. Huff
 13. Birthplace Cambridge Saline Co Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Frances Hampton
 15. Birthplace Cambridge Saline Co Mo.
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (b) Date of occurrence none
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, or in public place? none

16. (a) Informant's own signature Arthur Crowder
 (b) Address Slater Mo

While at work? _____ (Specify type of place) (e) Means of injury none

17. (a) Burial (b) Date thereof 11-5-39
 (Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Slater City Cemetery

23. Signature J. Caldwell (M. D. or other) _____
 Address Slater Mo Date signed 11/7/39

18. (a) Signature of funeral director Jones & Salge
 (b) Address Slater Mo
 19. (a) Nov 4 (b) W. M. Smith
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically

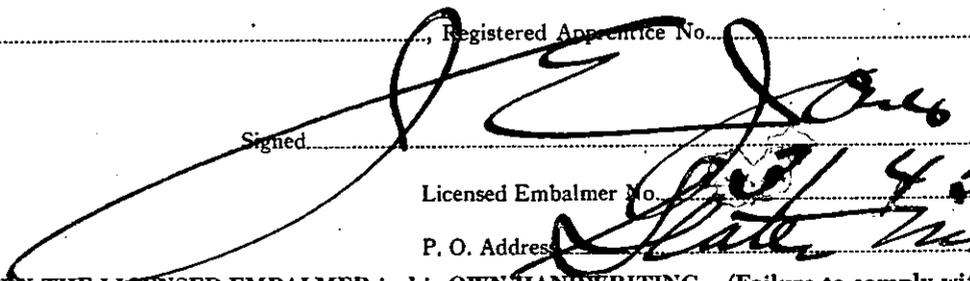
RECEIVED
District Health Officer No. 8,
District File Number 12/8/39
Date Filed

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



Licensed Embalmer No. 203/4
P. O. Address Date

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, above space should be left blank.