

Registration District No. 322

Primary Registration District No. 30716087

Registrar's No. 22

1. PLACE OF DEATH: Saline

(a) County Saline

(b) City or town R.F.D. Slater, Mo.
(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 all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town Slater, R.F.D.
(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 0

3. (a) PRINT FULL NAME Nannie Bell Dulaney

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th
year 1943 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from June 10
1943 to Oct 4 1943
that I last saw her alive on Sept. 20 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife V. E. Dulaney

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: October 17 1871
(Month) (Day) (Year)

Immediate cause of death Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>11</u>	<u>24</u> hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Robert T. Jackson

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

14. Maiden name California Garrett

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

16. (a) Informant V. E. Dulaney

(b) Address Slater, Mo.

17. (a) burial (b) Date thereof 10-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Hill Cemetery

PHYSICIAN

Major findings:
Of operations

Of autopsy

18. (a) Signature of funeral director Hill Brothers

(b) Address Slater, Mo.

19. (a) Nov 1-1943 (b) Mr. John Gign
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other)

Address Slater Mo. Date signed Oct. 4/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-4-43

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 Slater, 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.