

FILED DEC 6 1943
9 22
Registration District No. 222

Primary Registration District No. 3071

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Slater
(c) Name of hospital or institution: / at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all life
In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Slater, Mo.
(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 Nov. day 3
year 1943 hour 2:45 P.M.

21. I hereby certify that I attended the deceased from June 15 1943 to Nov. 2 1943
that I last saw her alive on Nov. 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to Hypertension
Due to

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?
(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] Date signed 11/3/43
Address: Slater, Mo.

3. (a) PRINT FULL NAME Annie Elizabeth Turner

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jas. S. Turner 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased December 11 1900
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 22 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Jno. R. Hardin 13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Anna C. Knott 15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarida Nichols (b) Address Slater, Mo.

17. (a) burial (b) Date thereof 11-5-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rehoboth Cemetery

18. (a) Signature of funeral director Hill Brothers, (b) Address Slater, Mo.

19. (a) 11-12-43 (b) Mrs. John Gigu (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed 12-3-43

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.....

Sam M Hill

Licensed Embalmer No. 1292

P. O. Address.....

Slate 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.

S-39287