

FILED JUL 15 1946

Registration District No. 2

Primary Registration District No. 3071

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 321 East Lincoln
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polina 97

(c) City or town Slater mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 321 E. Lincoln
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rubena Pink Willis

(b) If veteran, name war -

(c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1939, to _____, 1943,
that I last saw her alive on March 1945, 19____,
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Claud Willis 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: Feb 3 1889
(Month) (Day) (Year)

Immediate cause of death Intermittent Nephritis 4 yr
Duration

8. AGE: Years 57 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

Due to Epilepsy

Due to _____

Other conditions 10/18
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name Anthony Huff

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

14. Maiden name Wells Stone

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

Major findings: Of operations 10/18

Of autopsy Refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Richard Huff
(b) Address William 11 Mo

17. (a) Burial (b) Date thereof 6-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater Mo

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

19. (a) July 3, 1946 (b) Mrs. Earl O. Metz
(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? ✓
(Specify type of place)

While at work? _____ (e) Means of injury ✓

23. Signature M. D. [unclear] (M. D. certifier)
Address Slater Mo Date signed 7/1/46

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

7
2
1

22394

29 20

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 7-13-46

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

Embalmer License # Slater Mo
Licensed Embalmer No. 1292
P. O. Address

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.