

FILED NOV 19 1946

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 55

1. PLACE OF DEATH:
 (a) County Lincoln
 (b) City or town Rural Bedford
 (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 _____ (Specify whether
 In this community _____ years, months or days) 4 yr.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lincoln
 (c) City or town Rural
 (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: _____

3. (a) PRINT FULL NAME UTICA BLANCHE SLAUSON
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 19
 year 1946 hour 5 minute 30 A. M.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Herrel 6. (c) Age of husband or wife if
V. Slanson alive 63 years
 7. Birth date of deceased May 16 1874
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/11, 1946, to 10/19, 1946;
 that I last saw her alive on 10/18, 1946,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 5 03 hr. _____ m/n.

Immediate cause of death
Hypertensive Cardiac Enlargement due to Chronic myocarditis
 Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
 Of operations _____
 Of autopsy 93D
 Underline the cause to which death should be charged statistically.

MOTHER, FATHER
 11. Industry or business _____
 12. Name Mc Gann
 13. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)
 14. Maiden name Heiser
 15. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Herrel V. Slanson
 (b) Address Troy Mo.
 17. (a) Burial (b) Date thereof Oct 21 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Old Alexander Farm
 18. (a) Signature of funeral director Wayne M. Coy
 (b) Address Troy Missouri
 19. (a) Oct 26 1946 (b) Thos. Emma R. Riddle
 (Date received local registrar) (Registrar's signature)

(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) (e) Means of injury _____
 While at work? _____
 23. Signature J. B. Hoeger (M. D. or other) M. D.
 Address 726 Whitefield St. Mo. Date signed 10/19/46

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

162

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-28-07

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..... *Wayne McCoy*
Licensed Embalmer No. *3586*
P. O. Address... *Jay 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.