REC'D AUG 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24667
Do not use this space.

1. PLACE OF DEATH
(a) County Benton — Registration District No. 60
(b) Township West White — Primary Registration District No. 5095 — Registered No. 16
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Agnes J. Slapper 416
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John J. Slapper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 4, 1848

7. AGE: YEARS 90 — MONTHS 1 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton County, Mo. 0

FATHER
13. NAME: Cornelius Hartle 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 0 1

MOTHER
15. MAIDEN NAME: Lelh Holler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Peter Dundas, Lincoln, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet DATE July 29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Huston-Turner, Windsor, Missouri

20. FILED Aug 4, 1938 Mrs. Amy X. Rhodes, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from July-13-, 1938 to July 28-, 1938
I last saw her alive on July 28, 1938 Death is said to have occurred on the date stated above, at 3:45 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Transverse Colon	

Other contributory causes of importance: 46C

Name of operation: Clinical Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) O. L. Cuddy, M. D.
(Address) Lincoln Mo

Licensed Embalmer's Statement on Reverse Side)

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.

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, Ellwell. Huston, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Ellwell. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.