

FILED APR 22 1940
Registration District No. 378

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Drew
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether
In this community _____
years, months or days) 12 - 3

3. (a) PRINT FULL NAME RAMONA JEAN SLAUGHTER

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 29, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 12 hr. 15 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER-FATHER { 12. Name Lee Slaughter
13. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Goldie Rose
15. Birthplace Milbourn Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Rowe
(b) Address Springfield, Mo.

17. (a) Buried (b) Date thereof March 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Keokuk

18. (a) Signature of funeral director H. C. Thomas
(b) Address Springfield, Mo.

19. (a) 3/1/40 (b) Chas. R. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Drew
(c) City or town Springfield
(If outside city or town limits write "RURAL")
(d) Street No. 931 W. Pine
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1940 hour 10:15 minute A M.

21. I hereby certify that I attended the deceased from 2-29-40
_____ 19____, to 3-1-40, 19____
that I last saw her alive on Mon. 1st, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia neonatorum
Due to Premature Birth (6 1/2 months)
Due to 154
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy None

Duration
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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
240 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature J. Newton Wakeman (M. D. or other) _____
Address Springfield, Mo Date signed 3/1/40

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.....

Was not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

R. H. Thomas

Licensed Embalmer No. *3687*

P. O. Address *Springfield, 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, above space should be left blank.

X