

Registration District No. 1102

Primary Registration District No. 5870

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wasson Pascala

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

(c) Name of hospital or institution:
home
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution a few hours (Specify whether years, months or days) 11/21

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wasson

(c) City or town Brook City
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Kenneth G Duane Slack

3. (b) If veteran, name war defout

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced defout

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

7. Birth date of deceased 7-27-40
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 40 hour 37 minute 4:00 M.

21. I hereby certify that I attended the deceased from 7-27, 1940, to 7-28, 1940
that I last saw him alive on 7-27, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hr. 30 min.

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

10. Usual occupation defout

11. Industry or business defout

MOTHER FATHER { 12. Name Verona J. Slack

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

14. Maiden name Jana Jean Goodrich

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

Immediate cause of death Senescence 7 mos.

Due to _____

Due to 154

Other conditions (include pregnancy within 3 months of death) _____

16. (a) Informant's own signature Kenneth Slack

(b) Address Brook City, MO

17. (a) buried (b) Date thereof 7-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried

18. (a) Signature of funeral director Mrs. J. R. Cole

(b) Address Brook City, MO

19. (a) Aug 10-40 (b) Mrs. J. R. Cole
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Asst. Dir. (M. D. or other) MO

Address Brook City, MO Date signed 7-29-40

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.

9-40-8

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.....

Licensed Embalmer No.....

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, above space should be left blank.