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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35589

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2724 SALEM.
(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 28 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JASPER
(c) City or town JOPLIN
(If outside city or town limits, write "RURAL")
(d) Street No. 2724 SALEM.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIE A. SLAGLE.
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRED
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased DEC 17 1896. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	10	13	hr. min.

9. Birthplace VINITA OKLA. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE DUTY
11. Industry or business
FATHER 12. Name WM McCARREY
13. Birthplace VINITA OKLA. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name REBECCA HALL
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant [illegible]
(b) Address [illegible]
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/40. (Month) (Day) (Year)
(c) Place: burial or cremation [illegible]
18. (a) Signature of funeral director [illegible]
(b) Address [illegible]
19. (a) 10-31-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 1940 hour 12 minute 45 p. M.
21. I hereby certify that I attended the deceased from May, 1940, to Oct 30, 1940, that I last saw him alive on Oct 30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to (a)	
Due to (b)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) no
(b) Date of occurrence no
(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? 372 (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) [illegible]
Address 607 Main St. Date signed 10-31-40

(Licensed Embalmer's Statement on Reverse Side)

40-11-539

AUG 27 1941

AUG 20 1941

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 E. Sinseney Jr.

Licensed Embalmer No. 4099

P. O. Address Joplin Mo.

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

If this body is not embalmed, fact should be so stated above.