

Registration District No. **496**

Primary Registration District No. **3025**

Registrar's No. **107**

1. PLACE OF DEATH:

(a) County **LINN**
 (b) City or town **Brookfield**
(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 years, months or days) **3**

8. (a) PRINT FULL NAME **MARGARET JOYCE SLATER**

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **3 m.** 5. Color or race **white** 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased **Dec 13, 1940**
(Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Brooklin Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Allen W. Slater**

13. Birthplace **Exel Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Apet**

15. Birthplace **Brooklin Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Allen W. Slater**

(b) Address **Brookfield Mo.**

17. (a) **Burial** (b) Date thereof **Dec 30, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marion Cem.**

18. (a) Signature of funeral director **George Funeral Service**

(b) Address **Brooklin Mo.**

19. (a) **12-29-40** (b) **W. H. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Linn**
 (c) City or town **Brookfield**
(If outside city or town limits, write "RURAL")
 (d) Street No. **0** (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **29**
 year **1940** hour **4** minute **5** A.M.

21. I hereby certify that I attended the deceased from **12/28**, 19**40**, to **12/29**, 19**40**, that I last saw **her** alive on **12/29**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **2 days**

Due to _____

Due to **105**

Other conditions **105**
(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) _____

(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? **445**
(Specify type of place)

23. Signature **H. C. [Signature]** (M. D. or other) **MO**

Address **Brooklin Mo.** Date signed **12/29/40**

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

MOTHER FATHER

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.