

2
-40
39
23150

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1636

State File No. _____

Registration District No. 24

Primary Registration District No. 5033

Registrar's No. 1

1. PLACE OF DEATH:
 (a) County Audrain Co. Mo.
 (b) City or town (Near) Laddonia, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Praying
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
 In this community 48 years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Audrain Co
 (c) City or town Laddonia Mo Rural
 (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 WILLIAM FLETCHER SLAVENS

3. (b) If veteran, name war. _____
 3. (c) Social Security No. none

4. Sex Male 5. Color White 6. (a) Single, Married
 divorced, Married

6. (b) Name of husband or wife Erma F. Slavens 6. (c) Age of husband or wife if 46 years

7. Birth date of deceased: April 1 1892
 (Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 0
 If less than one day _____ hr. _____ min.

9. Birthplace Audrain Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

12. Name J. F. Slavens

13. Birthplace Lincoln Co. Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Opria Elberry
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. F. Slavens

(b) Address Laddonia, Mo.

17. (a) burial (b) Date thereof Jan 3-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia, Mo.

18. (a) Signature of funeral director J. H. Kringer

(b) Address Laddonia, Mo.

19. (a) 1-3-1941 (b) W. S. McCall
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 1
 year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 15, 1941 to Jan 1, 1941;
 that I last saw him alive on Jan 1, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis
ascites
P. B. of Lungs

Due to _____
 Due to 12/8
 Other conditions _____
 * (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 W. S. McCall (M. D. or other) 0
 Address Laddonia, Mo. Date signed 1-3-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-41-244

Date Filed FEB 8 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.....

H. G. Granger

Registered Apprentice No.

working under my personal supervision.

Signed.....

H. G. Granger

Licensed Embalmer No. 12970

P. O. Address Redmond

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.