

FILLED OCT 15 1941

Registration District No. 7999 Primary Registration District No. 4479 Registrar's No. 25

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(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)
In this community all his life years, months or days

3. (a) PRINT FULL NAME Lloyd Goodwin Prosser
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) ~~Single~~ widowed, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August - 2 - 1849
(Month) (Day) (Year)

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

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Lloyd W. Prosser

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

14. Maiden name Franklin

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

16. (a) Informant W. C. Sullivan

(b) Address Slater, Mo

17. (a) Buried (b) Date thereof 9-6-41
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. C. Sullivan

(b) Address Slater, Mo

19. (a) Sept. 4, 1941 (b) Ella Alexander
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Slater
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day Sept
year 1941 hour 8 minute _____ M.

21. I hereby certify that I attended the deceased from July 1 1941 to Sept 12 1941
that I last saw him alive on Sept 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of age
Mitral failure

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 162 lb

Major findings: Of operations _____

Of autopsy _____

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 _____

Signature W. C. Sullivan (M. D. or other) MD

Address _____ Date signed Sept 4 41

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-13-41

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 _____
working under my personal supervision.

Signed *W. E. Jones*
Registered Apprentice No. _____
Licensed Embalmer No. *3145*
P. O. Address *Slater*

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, fact should be so stated above.

Item #14 amended by affidavit of granddaughter verified by Obituary 9-22-99 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32690

State File No.

Registration District No. 799

Primary Registration District No. 4479

Registrar's No. 25

1. PLACE OF DEATH: Saline
(a) County Saline
(b) City or town Saline
(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
In this community: all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Saline
(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 Lloyd Goodwin Rowson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White
6. (a) ~~Single~~ Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased August - 2 - 1849
(Month) (Day) (Year)

8. AGE: Years 92 Months 10 Days 0
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Pipe M. Rowson

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

14. Maiden name Elizabeth

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

16. (a) Informant Miss C. E. Spletter

(b) Address Saline, Mo

17. (a) Burial (b) Date thereof 9-6-41
(Burial, ✓ or) (Month) (Day) (Year)

(c) Place: burial or City Cemetery

18. (a) Signature of funeral director E. M. ...
(b) Address Saline, Mo

19. (a) Sept. 11, 1941 (b) Ella Alexander
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day Sept
year 1941 hour 8 minute 19 M.
21. I hereby certify that I attended the deceased from July 1
1941 to Sept 12 1941
that I last saw him alive on Sept 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of age
Mitral failure
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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?
(Specify type of place) (e) Means of injury _____

Signature R. H. Tucker (M. D. or other) MD
Address Saline, Mo Date signed Sept 4 41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.