

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38465
Registrar's No. 164

Registration District No. 408

Primary Registration District No. 3020

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage Mo
(c) Name of hospital or institution Short St. None
(d) Length of stay: In hospital or institution 65 years
In this community 65 years life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(d) Street No. Short St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Green Madison Slater
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mahala Slater
6. (c) Age of husband or wife if alive
7. Birth date of deceased March 19, 1872

8. AGE: Years 69 Months 7 Days 13

9. Birthplace Anderson Illinois
10. Usual occupation Old Age Pension

11. Industry or business
12. Name Jackson Slater
13. Birthplace Unknown Illinois
14. Maiden name Unknown
15. Birthplace Unknown Illinois

16. (a) Informant Joe Slater
(b) Address Short St.

17. (a) Burial (b) Date thereof 11-3-41
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 S. Garrison

19. (a) Nov. 3, 1941 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1941 hour 2 minute 10 P. M.
21. I hereby certify that I attended the deceased from Oct 20 1941 to Nov 1 1941
that I last saw him alive on Oct 31 1941
and that death occurred on the date and hour stated above.
Immediate cause of death: Lobes Pneumonia

Due to
Due to
Other conditions
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(c) Means of injury
23. Signature [Signature] (M. D. [Signature])
Address [Address] Date signed 11-3-41

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

865

41-12-996

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..... *John S. Dennehy*
Licensed Embalmer No. *4194*
P. O. Address..... *Carthage?*

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.