

S. No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41482

State File No. \_\_\_\_\_

FILED JAN 23 1942  
Registration District No. 104

Primary Registration District No. 5153

Registrar's No. 337

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural -- Fulton Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3 miles north of Fulton  
(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)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles north of Fulton  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leslie Walter Slinn

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Susie Slinn 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept. 7 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Onebense Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Sub. mail carrier

11. Industry or business Rural carrier

12. Name Joseph Slinn

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

14. Maiden name Alice Laughlin

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

16. (a) Informant Susie Slinn

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof Dec. 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Fulton, Missouri

19. (a) Dec. 18, 1941 (b) R. N. Crews  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17  
year 1941 hour 11 minute 25 M.

21. I hereby certify that I attended the deceased from Feb 1 1940 to Dec 17 1941  
that I last saw him alive on Dec - 16 and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial congestion of  
long standing coronary artery  
myocarditis, chronic.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Fulton, Mo Date signed 12/18/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14  
6  
0

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.....

*Albert E. White*

Licensed Embalmer No.....

*4168*

P. O. Address.....

*Fulton, Mo*

**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.**