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42267

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

JAN 16 1942

Registration District No. 431

Primary Registration District No. 5589

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warren Centerview Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Passing through the Co. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Frances Slocum

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Name of husband or wife Chas. Slocum

6. (b) Age of husband or wife if alive Deceased years

7. Birth date of deceased October 1917
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>2</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Benjamin Pace

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

14. Maiden name Lou Huppert

15. Birthplace Camden Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Pace

(b) Address California Mo

17. (a) Burial (b) Date thereof Dec-28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springton Cem

18. (a) Signature of funeral director Walter Phillips

(b) Address Warrensburg Mo.

19. (a) Dec-27-41 (b) Seola M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw h _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

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 Dec 24, 7:30 P.M.

(c) Where did injury occur? Highway 50 Johnson Mo
(City or town) (County) (State)

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

Write at work? _____ (Specify type of place)

(e) Means of injury 3

Edward Gardner Registrar's signature Date Dec-24-41

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

7000

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-14-42

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

R A Phillips

Registered Apprentice No.

working under my personal supervision.

Signed *R A Phillips*

Licensed Embalmer No.

2320

P. O. Address

Warrensburg

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42267

Registration District No. 431

Primary Registration District No. 5589

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Franmie F. Slocum

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

4. Sex F 5. Color or race W 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 Oct 1 1911 (Month) (Day) (Year)

8. AGE: Years 30 Months 2 Days 13 (If less than one day, in min.)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 4 Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Head on collision with oncoming auto on highway 50. Nine miles west of Parsons, Mo. Driver identified wife.

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 Dec 4 1941
(c) Where did injury occur? Johnson, Mo (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 Edward Andrew Leason (M.D. or D.O.)
Johnson, Mo Date signed 2-3-42

SUPPLEMENTARY

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

MOTHER FATHER

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

