

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ~~307~~

Registrar's No. 65

Registration District No. 309

Primary Registration District No. 5427

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Rural Athens Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Gentry County Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Months  
In this community All his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Enoch Slater

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Aug. 14 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 10 0 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mark Slater  
13. Birthplace Gentryville Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Angeline Alcar  
15. Birthplace Gentry County. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Smith  
(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 6/15/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gentryville

18. (a) Signature of funeral director W. H. H. H. H. H.

(b) Address Albany, Mo.

19. (a) June 15 - 1942 (b) Enoch Slater  
Date received local registrar (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Gentry County Home /  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1942 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 1942 to June 14 1942  
that I last saw him alive on June 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Bright  
Deser

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 \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed 6-14-42

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

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Clifford Burke

Licensed Embalmer No.

3329

P. O. Address

Albany 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.