

FILED OCT. 9 1942

Registration District No. 99

Primary Registration District No. 5380

Registrar's No. 47

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

200

1. PLACE OF DEATH:

(a) County De KALB

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

(c) Name of hospital or institution: Home. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County De KALB

(c) City or town RURAL
(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 JAMES RITCHIE SLABAUGH

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 MARRIED

6. (b) Name of husband or wife NORMA ANN SLABAUGH 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MARCH - 7 - 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>6</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name PETER O. SLABAUGH

13. Birthplace De KALB Co MO
(City, town, or county) (State or foreign country)

14. Maiden name HANNAH KEPLER

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

16. (a) Informant LUCILLE F. SLABAUGH

(b) Address 702 No 5th ST JOSEPH, MO

17. (a) _____ (b) Date thereof Sept - 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence Cemetery

18. (a) Signature of funeral director Stewartsville Mo.

(b) Address _____

19. (c) Sept - 10 - 1942 (Date received local registrar) (d) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 8 1942 to Sept 9 1942, that I last saw him alive on Sept 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Thrombosis

Due to Acute Myocarditis

Due to _____

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature] 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) (a) Means of injury _____

23. Signature [Signature] (M., Dr., or other) DO.

Address Stewartsville Mo. Date signed 9/10/42

3200

Duration 2 days

PTP

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

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.....

Licensed Embalmer No. *952*

P. O. Address *Stewartville 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.