S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17541

State File No.

Registration District No. 52

Primary Registration District No. 5183

Registrar's No. 20

1. PLACE OF DEATH:
(a) County Cape Girardeau
(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 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Co
(c) City or town Rural
(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 SARAH ANN SLOVER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob Slover

6. (c) Age of husband or wife if alive / years

7. Birth date of deceased July (Month) 29 (Day) 1876 (Year)

8. AGE: Years 66 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Joseph Hensley
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Susan Jackson
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant J. M. Crocker
(b) Address White water Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Crader Cemetery

18. (a) Signature of funeral director R. Miller
(b) Address Jackson

19. (a) May 19-43 (Date received local registrar) (b) J. H. C. Kerstner (Registrar's signature)

1116

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1943 hour 4 minute 7 a M.

21. I hereby certify that I attended the deceased from Nov 1942 to May 1943
that I last saw her alive on April 25 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	1 hr
Due to arterial sclerosis	10 yrs
Due to Hypertension	15 yrs
Other conditions arthritis deformans (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations
Of autopsy

J 3a

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature T. E. Ruff (M. D. or other) MD
Address Jackson Mo Date signed 5-18-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 643 - 2289

Date Filed 6 - 7 - 43

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 Eine C. Cracraft

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.