S. No. 2
M—2-43
5-17-3
I X3369

FILED AUG 7 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24806

Registrar's District No. 7-19-6 Primary Registration District No. 5-3-3-4-5-34-1 Registrar's No. 77

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural N. Benton
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dallas

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

(d) Street No. Buffalo Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

30 0 0

3. (a) PRINT FULL NAME Ross Tiffin Slingerland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Nancy E. Slingerland

6. (c) Age of husband or wife if alive About 50 years

7. Birth date of deceased 3 (Month) 26 (Day) 1885 (Year)

8. AGE: Years 58 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Bethany (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Lindsey Slingerland
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Nancy E. Slingerland

(b) Address Buffalo Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director C. B. Jones

(b) Address Buffalo Mo.

19. (a) 6-9-43 (Date received local registrar) (b) Helen A. Dorsey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5 year 1943 hour 6 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 Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 C. B. Jones (M. D. or other)

Address Buffalo Date signed 6-7-43

1047

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 7-43-736
Date Filed 8-6-43

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 Clyde Montgomery

Licensed Embalmer No. 3591

P. O. Address Buffalo 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.