

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

S. No. 2
-9-4-41
5-17-39
I X2964

SEP 7 1943

Registration District No. 127

Primary Registration District No. 5464

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Mo R6
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural Murray Township 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community a few days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town ash Grove Missouri
(If outside city or town limits, write "RURAL")

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

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

If yes, name country.....

3. (a) PRINT FULL NAME John Harvey Slatter

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1943 hour 7:00 minute P M.

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Elizabeth Coats 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 8 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1940 to Aug 5 1943 and that I last saw him alive on Aug 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia (Paralysis Right side)

Duration 8 days

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>77</u> | <u>6</u> | <u>27</u> |hr.min. |

Due to Hypertension and arteriosclerosis 70 or 8 years

Due to

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

Other conditions (Include pregnancy within 3 months of death) g3d

10. Usual occupation Retired farmer

Major findings: Of operations.....

11. Industry or business General farming

Of autopsy.....

12. Name George S Slatter

Underline the cause to which death should be charged statistically.

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

14. Maiden name Elizabeth Goodman

15. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joy Slatter

(b) Address Springfield R6

17. (a) Burial (b) Date thereof 8/6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turkey Creek Cemetery

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) (d) Means of injury.....

18. (a) Signature of funeral director Jane A Pinn

(b) Address Walnut Iron Mo.

19. (a) 8-6-1943 (b) Jane Appleby
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Charles H. Brown M. D. or other).....

Address Ash Grove, Mo Date signed 8/6/43

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

9
0
0

RECEIVED

Greene County Health Office,

County File Number... 43-9-91

Date, Filed 9/3/43

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.....

J. O. Birch

Licensed Embalmer No. 3856

P. O. Address. Ash Grove 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.