

FILED DEC 22 1943

Registration District No. 777

Primary Registration District No. 3016

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City, Mo.
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: In hospital or institution 3 days
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(d) Street No. 315 W. McCarty Street
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD WILFRED SLICKER

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 Martha Rodeman Slicker 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased August 2, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 4 8 - hr. - min.

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

10. Usual occupation Covered Driver

11. Industry or business Self

12. Name August Slicker

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

14. Maiden name Katherine Swillman

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

16. (a) Informant Mrs. E. W. Slicker

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 12/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Sylvester Duller

(b) Address Jefferson City, Mo.

19. (a) 12-15-43 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1943 hour 10 minute - P. M.

21. I hereby certify that I attended the deceased from Dec. 6, 1943 to Dec. 10, 1943
that I last saw him alive on Dec. 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Duration 12-6-43

Due to Recurrent carcinoma of colon

Due to Hol

Other conditions (Include pregnancy within 3 months of death) 11-17-1942 Resection

Major findings: Right colon for
Of operations ca.

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) (c) Means of injury _____

23. Signature R. Rodman (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 12/13/43

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

26
5
4

MOTHER FATHER

894

NOV 9 1944

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..... *Sylvester Quill*

Licensed Embalmer No..... *4321*

P. O. Address..... *Jefferson City, 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.