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**FILED APR 8 1944**  
Registration District No. **2**

Primary Registration District No. **3005**

Registrar's No. **21**

1. PLACE OF DEATH: **Bates**

(a) County: **Butler Missouri** ~~Missouri~~

(b) City or town: \_\_\_\_\_  
(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: \_\_\_\_\_  
In this community: **3 hours** (Specify whether years, months or days)

3. (a) PRINT FULL NAME: **Lloyd E Slocum**

3. (b) If veteran, **X** name war: \_\_\_\_\_

3. (c) Social Security No.: \_\_\_\_\_

4. Sex: **male**

5. Color or race: **W**

6. (a) Single, widowed, married, divorced: **/**

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: **Dec. 30 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**2 16** hr. min.

9. Birthplace: **New Plymouth Idaho**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **infant**

11. Industry or business: \_\_\_\_\_

12. Name: **Wayne O Slocum**

13. Birthplace: **Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Wilma Latch**

15. Birthplace: **Iowa Falls Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Wayne Slocum**

(b) Address: **Siloam Springs Arkansas**

17. (a) **Burial** (b) Date thereof: **3/16/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Siloam Springs Arkansas**

18. (a) Signature of funeral director: **Booths-Butler Mo.**

(b) Address: **Butler Missouri**

19. (a) **3-15-44** (b) **Machine Rempton**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Arkansas** (b) County: \_\_\_\_\_

(c) City or town: **Siloam Springs Arkansas**  
(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: **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18th**  
year **1944** hour **3** minute **A** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Interitis with Diareaha**

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death): **119a!**

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically: **1 Wk.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): \_\_\_\_\_

(b) Date of occurrence: **Bates, midnite 3:30 AM -**

(c) Where did injury occur? **Butler, Bates, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**in Car - Corner First Main St.**  
(Specify type of place) (e) Means of injury

While at work? \_\_\_\_\_ (c) Means of injury

23. Signature: **John G. Underwood** (M. D. or other)  
Address: **Butler Mo.** Date signed: **3/15/44**

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

RECEIVED

District Health Officer No. 7,

District File Number 3-44-344

Date Filed 4-7-44

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.....

myself.

Registered Apprentice No. ....

working under my personal supervision.

Signed John H. Underwood  
Licensed Embalmer No. 3585  
P. O. Address 109 N. High, Butler, 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.