

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10876

FILED MAR 20, 1944
Registration District No. 81

Primary Registration District No. 5412

Registrar's No. LD

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava Rural Springcreek
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas ³⁴

(c) City or town Ava Rural
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. Route 4,
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Elsie Slocum

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife G. B. Slocum 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 11, 1856
(Month) (Day) (Year)

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

88	8	29	hr. _____ min.
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9. Birthplace _____ Canada ²
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name _____ McWilliams

13. Birthplace _____ Scotland ⁴
(City, town, or county) (State or foreign country)

14. Maiden name _____ Hays

15. Birthplace _____ Scotland ⁴
(City, town, or county) (State or foreign country)

16. (a) Informant Russell H. Wainley
(b) Address Route 4, Ava, Missouri

17. (a) Burial (b) Date thereof 2-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence, Mo.

18. (a) Signature of funeral director _____ Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 3-1-1944 (b) Mar. J. P. Spurdick
(Date buried local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10,
year 1944 hour 2. minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 12 to Jan 10 1944
and that I last saw him alive on Jan 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach Duration _____

Due to _____

Due to _____ H68

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

Major findings: Of operations _____

Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature RSM Norman O (M. D. or other) _____
Address Ava Mo Date signed Feb 17/44

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

RECEIVED;

District Health Officer No. 6,

District File Number: 344-378

Date Filed: MAR 16 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: *M B Hutchison*

Licensed Embalmer No. *3431*

P. O. Address: *Oran, 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.