

FILED APR 27 1944
244

State File No.

Registration District No. 244

Primary Registration District No. 5834

Registrar's No. 10

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Diamond, Mo. Rural
(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 lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Newton
(c) City or town Diamond - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - East of Diamond
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Simon Peter Slane
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 14
year 1944 hour 2 minute 45 P. M.

4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 11-9-1943 to 1-29-1944
that I last saw him alive on 1-29-1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased: April 23 1863
(Month) (Day) (Year)

Immediate cause of death: Senile myocardial degeneration
Due to Chronic nephritis
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 10 Days 21
If less than one day _____ hr. _____ min.

9. Birthplace: Ohio, State
(City, town, or county) (State or foreign country)
10. Usual occupation: Farmer, Retired
11. Industry or business _____
12. Name: Unknown
13. Birthplace: _____
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: _____
(City, town, or county) (State or foreign country)

Major findings: No operation
Of operations _____
Of autopsy: none

16. (a) Informant: Clyde Slane
(b) Address: Baxter Springs, Kansas
17. (a) Burial (b) Date thereof: 3-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Diamond Cemetery
18. (a) Signature of funeral director: Herrmeyer
(b) Address: Kearce City, Mo.
19. (a) March 16-1944 (b) Mrs. W.B. Chapman
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature: L. De Bolt M.D. (M. D. or other) _____
Address: Diamond Mo. Date signed: 4/14/44

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1313

RECEIVED

4-15-44

District Health Officer No. _____

District File Number 444-28

Late Filed 4-25-44

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed Victor O. Meyner

Licensed Embalmer No. 3829

P. O. Address Pierce 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.