V. S. No. 2
OM—3-43
ev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

La Monte 24346

State File No.

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 344

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

58
1
2

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 209 W CANAL 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 41 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. 209 W Canal 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY ELIZABETH SLATOR
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Joseph Slator
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 5 (Day) 1854 (Year)

8. AGE: Years 89 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Lutton Co (City, town, or county) Eng 4 (State or foreign country)
10. Usual occupation
11. Industry or business House Wife
FATHER
12. Name Wm Smith
13. Birthplace (City, town, or county) Eng 4 (State or foreign country)
MOTHER
14. Maiden name D. K.
15. Birthplace (City, town, or county) Eng 4 (State or foreign country)
16. (a) Informant Grace Rubland
(b) Address Brookfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 28 (Day) 1944 (Year)
(c) Place: burial or cremation Rose Hill
18. (a) Signature of funeral director Hill Funeral Chapel
(b) Address Brookfield Mo
19. (a) 6-28-1944 (Date received local registrar) (b) W H Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1944 hour 4 minute 20 P M.
21. I hereby certify that I attended the deceased from 1930 to June 25 1944
that I last saw her alive on June 24 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis	1939
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 131 b	
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)
While at work? (e) Means of injury 2
23. Signature W. B. Simpson (M. D. or other) DO
Address Brookfield Mo Date signed 6-27-44

45 6 (Licensed Embalmer's Statement on Reverse Side)

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. W. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.