

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24850

State File No. _____

FILED AUG 11 1944
Registration District No. 1280

Primary Registration District No. 5450

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Gentry Miller Imp.
(b) City or town Gentryville
(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 _____ (Specify whether)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mark Wm Slater
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 Rosella Aelcar
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased January 10 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 20 hr. min.

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

10. Usual occupation Farm

11. Industry or business _____

MOTHER FATHER { 12. Name James Slater
13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Phoebe Prentice
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mark Slater
(b) Address Gentryville Mo

17. (a) Burial (b) Date thereof 7/3/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gentryville Mo.

18. (a) Signature of funeral director Wm E. Smith

(b) Address Wm E. Smith

19. (a) July 11-1944 (b) Harner M. Hatcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Gentryville
(If outside city or town limits, write "RURAL")
(d) Street No. Miller Imp
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1944 hour 11 minute 11 A. M.

21. I hereby certify that I attended the deceased from June 26th 1944 to July 12th 1944
that I last saw him alive on July 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis (uremic poisoning)
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature W. E. Smith (M. D. or other) _____
Address Wm E. Smith Date signed July 3rd 1944

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

(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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Clifford Burke
Licensed Embalmer No. 3329

P. O. Address

Albany 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.