

FILED SEP 8 1944

Primary Registration District No. 5181

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural Applecreek
(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 Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME MISSOURI ANN SLINKARD

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 9
9 A.M., 1944, to Aug 12 P.M., 1944,
that I last saw her alive on Aug 31, 1944,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife James E. Slinkard

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased: Jan 29, 1862
(Month) (Day) (Year)

Immediate cause of death Cutis with Senility

Duration _____

8. AGE: Years 82 Months 6 Days 4
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace near Burfordville MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Morris Young

13. Birthplace near Burfordville MO
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Eakin

15. Birthplace Burfordville Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

120a

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

16. (a) Informant Henry Slinkard

(b) Address Cape Girardeau

17. (a) Burial (b) Date thereof Aug 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director W. Miller

(b) Address Jackson

19. (a) 8-7-44 (b) Henry Slinkard
(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 R.D. Blinlock (M. D. or other)

Address Oak Ridge Mo. Date signed Sept 5-44

RECEIVED

District Health Officer No. 4
District File Number 944-4314
Date Filed 9-7-44

NOV 7
1951

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Putville, 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.