

S. No. 2
M-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37070

State File No.

FILED NOV 28 1944

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(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 1
(Specify whether)

In this community 40 years
(years, months or days)

3. (a) PRINT FULL NAME WALTER EDMOND SLUDER

3. (b) If veteran, name war None

3. (c) Social Security No. No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mable L. Sluder

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 26th 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>4</u>	<u>12</u>hr.min.

9. Birthplace Lincoln, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Bank President

11. Industry or business

MOTHER FATHER { 12. Name Jeff Sluder

13. Birthplace Danville, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Ida Imogene Marice

15. Birthplace Chillicothe, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable L. Sluder

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof October 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) OCT 10 1944 (b) Martha Ruser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Lamar
(If outside city or town limits, write "RURAL") 1

(d) Street No.
(If rural, give location) 1

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 7
1944 to Oct 8 1944;
that I last saw him alive on Oct 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Shunt hemorrhage
Cancer of Shunt

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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

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) (c) Means of injury

23. Signature J. Guldner (M. D. or other) 10-8-44
Address 1401st Gulp Date signed

RECEIVED

District Health Officer No. 6,

District File Number 1144-1230

Date Filed NOV 24 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..... Jose F. Kowantz.....

Licensed Embalmer No..... 2247.....

P. O. Address..... Lamar, Missouri.....

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.