S. No. 2
M—5-42
v. 5-17-39
I X32873

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

35
2
2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41077

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 154

**1. PLACE OF DEATH:**

(a) County Dunklin

(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Presnell Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot

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

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

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

3. (a) PRINT FULL NAME James Albert Slavings

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, divorced 0

6. (b) Name of husband or wife ~~James Timothy Slavings~~

6. (c) Age of husband or wife if alive ~~20~~ years

7. Birth date of deceased Dec. (Month) 15 (Day) 1944 (Year)

8. AGE: Years | Months | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Kennett (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation N.B.

11. Industry or business .....

FATHER
12. Name James Timothy Slavings
13. Birthplace Portageville (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Delia Geneva Bass
15. Birthplace Portageville (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant James T. Slavings
(b) Address Hayti, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Valhalla Funeral Home~~

18. (a) Signature of funeral director Valhalla Funeral Home
(b) Address Hayti, Mo.

19. (a) 12/22/44 (Date received local registrar) (b) John Blankenship (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 21
year 1944 hour 11 minute 40 a M.

21. I hereby certify that I attended the deceased from Dec 15, 1944 to Dec 21, 1944, to ....., 19....;
that I last saw him alive on Dec. 21, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth — Duration 6 1/2 mos.

Due to .....

Due to .....

159

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

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 0

23. Signature L. C. Wilson (M. D. or other) M.D.
Address ..... Date signed 12/21/44

401

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 45-11
Date Filed 1-5-45

**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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**