S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41389

Registration District No. 156 Primary Registration District No. 2001-5581 Registrar's No. 592

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Route 3 Galena Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~Joplin~~, Route 3
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Joplin~~ Mo. (b) County Jasper 49

(c) City or town Joplin Route 3 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Joplin, Route 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jacob Slankard

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April (Month) 1 (Day) 1868 (Year)

8. AGE: Years 76 Months 8 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace Stoddard County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Teamster

11. Industry or business Retired

FATHER
12. Name William Slankard
13. Birthplace Unknown. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Quick
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Slankard
(b) Address 2618 Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 44 (Month) (Day) (Year)

(c) Place; burial or cremation Forest Park

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo

19. (a) 12-11-44 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1944 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 12-6-, 1944, to 12-9-, 1944, that I last saw him alive on Dec 6, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Pulmonary Tuberculosis	1 yr
Due to	
Due to	
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

23. Signature W S Loveland (M. D. ~~or other~~)
Address Joplin Mo Date signed 12-11-44

1204 (Licensed Embalmer's Statement on Reverse Side)

44-12-1034

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 Perry T. Hubbard

Licensed Embalmer No. 959

P. O. Address Joplin, 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.