. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 13 1945

STANDARD CERTIFICATE OF DEATH

State File No. 24543

Registration District No. 244 Primary Registration District No. 5-834. Registrar's No. 8.

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town Rural - Marion Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #1, Diamond, Missouri (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 68 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County NEWTON
(c) City or town Rural - Marion Township (If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Diamond, (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DANIEL FLETCHER SLANE
3. (b) If veteran, name war None
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 Josephine Slane
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased OCTOBER (Month) 31, (Day) 1865 (Year)

8. AGE: Years 79 Months 8 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Vanwert, (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name James Slane
13. Birthplace X (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Katherine Mosier
15. Birthplace X (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Mrs. D. F. Slane
(b) Address Route #1, Diamond, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Diamond Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri
19. (a) 7-14-1945 (Date received local registrar) (b) Mrs. U. S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1945 hour 7:30 minute A. M.
21. I hereby certify that I attended the deceased from March 3, 1940 to July 10, 1945 that I last saw h alive on April 10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	5 yrs
Due to Chronic Cardio-renal	
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 C. O. Chester (Mr. D. or other) M.D.
Address Granby, Mo. Date signed 7/11/46

1315 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....2222.....

P. O. Address.....Carthage.....

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.