

STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 16 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: 17th and Duquesne Road
(d) Length of stay: In hospital or institution 25 years
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Jasper
(d) Street No. 17th and Duquesne Road
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James R. S. Slate

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M Color or race W 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept 20 1874

8. AGE: Years 71 Months 0 Days 12 If less than one day hr. min. 9

9. Birthplace no record (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business retired farmer

12. Name no record

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

14. Maiden name

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

16. (a) Informant Jennie Slate

(b) Address 17th and Duquesne

17. (a) Burial (b) Date of sep. Oct 3-45

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Tharshel Bellor

(b) Address 305 West 4th

19. (a) 10-2-45 (b) Ed E. James

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1945 hour 9 minute 15 a. M.

21. I hereby certify that I attended the deceased from Aug 1945 to Sept 30 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108 Of autopsy

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 G. C. Coak (M. D. or other)

Address Jasper Mo Date signed 10-2-45

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

1404

15-10-857

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

Paula Larchiel

Licensed Embalmer No.

3590

P. O. Address

7410

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.