

S. No. 2  
4-9-43  
5-17-39  
P. 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42768**

Registration District No. **362** Primary Registration District No. **4531** Registrar's No. **38**

1. PLACE OF DEATH:  
(a) County **WARREN**  
(b) City or town **WARRENTON**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**MAIN ST**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 Mos**  
(Specify whether  
In this community **4 Mos**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Warren/09**  
(c) City or town **Warrenton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Truman St**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **FRANCIS M. SLATER**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **2957-303**

4. Sex **m** 5. Color or race **w**  
6. (a) Single, widowed, married, divorced **S O**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Aug 12, 1874**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **12**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Hawk Point Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **School TEACHER**

11. Industry or business  
12. Name **EDWARD SLATER**  
13. Birthplace **Mo**  
14. Maiden name **SUSAN ANSON**  
15. Birthplace **Mo**

16. (a) Informant **MRS WALTER NORTON**  
(b) Address **WARRENTON Mo**

17. (a) **REMOVAL** (b) Date thereof **12-24-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **TRUXTON, Mo**  
18. (a) Signature of funeral director **Chas Amund**  
(b) Address **Warrenton Mo**

19. (a) **Dec 28, 1945** (b) **Mrs Hugo Guttman**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **24**  
year **1945** hour **10** minute **P.** M.  
21. I hereby certify that I attended the deceased from **12-21**  
**1945** to **12-24**, 19**45**  
that I last saw h. **alive** on **12-24** - 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism** Duration **3 da**  
Due to **Chr. Cardiovasculo-renal Disease**  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **1310**

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **0**  
23. Signature **H. Walter Germann** (M.D. or other) **md**  
Address **Warrenton Mo** Date signed **12-24-45**

**1066** (Licensed Embalmer's Statement on Reverse Side)

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

19  
1  
0

RECEIVED

District Health Officer No. 9

District File Number

Date Filed

1-4-46

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

*Claro Arnold*

Licensed Embalmer No.

3564

P. O. Address

*Mexico*

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.