

FILED MAY 9 1946

Registration District No. 131

Primary Registration District No. 4202

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Spickard, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 Year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Grundy Ho
(c) City or town Spickard, Mo. J
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Ray Slover

3. (b) If veteran, name war World War I 3. (c) Social Security No. 541-26-9101

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb. 8 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 1 19 hr. min.

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Samuel Slover

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

14. Maiden name Lucy Grey

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

16. (a) Informant Ralph Slover

(b) Address Hill Grove, Mo.

17. (a) Burial (b) Date thereof 4-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) Apr. 12, 1946 (b) Mrs. Nathan Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1946 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from Apr 6
1946, to Apr 6, 1946
that I last saw him alive on April 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease
Angina Pectoris Duration 1 hr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gfw
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature E. W. Ewing (M. D. or other) M. D.
Address Spickard, Mo. Date signed 4-10-46

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

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MAY 20 1940

MAY 21 1940

MAY 10 1940

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 F. J. Green Martin

Licensed Embalmer No. 3760

P. O. Address. Princeton 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.