

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 884

FILED AUG 12 1946

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days (Hosp't)
(Specify whether
 In this community 50 Years
years, months or days)

3. (a) PRINT FULL NAME Pembroke Ward Slater
3. (b) If veteran, name war Spanish Amer.
3. (c) Social Security No. 487-07-9915

4. Sex Male () **5. Color or race** White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Josephine
6. (c) Age of husband or wife if 30 years
7. Birth date of deceased April 30 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 4
If less than one day
 hr. _____ min. _____

9. Birthplace London England
(City, town, or county) (State or foreign country)

10. Usual occupation Record Clerk

11. Industry or business St. Joseph Stock Yards

MOTHER FATHER
12. Name Ward Slater
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Alice Minton
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Alice Slater
(b) Address 1205 Lincoln St.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Aug. 6, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Hercules J. S. S. S.
(b) Address 1802 Union St. St. Joseph, Mo

19. (a) Aug. 7, 1946 (Date received local registrar) **(b) H. J. Nestlebusch**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1205 Lincoln St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____ *

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th
 year 1946 hour 12 minute 03 P.M.

21. I hereby certify that I attended the deceased from Aug 4 1946 to Aug 4 1946
 that I last saw him alive on Aug 4 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Coronary thrombosis

Due to _____

Other conditions Coronary thrombosis
(Include pregnancy within 3 months of death)

Major findings: 124B
 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?

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

23. Signature H. J. Nestlebusch (M. D. or other)

Address City 2205 Date signed 8/9/46

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

APR 10 1947

OCT 14 1946

SEP 12 1946

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

Ermer Thomas

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph 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.