

Registration District No. 156

Primary Registration District No. 2001

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John's Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community 4 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
 (c) City or town Joplin 2
 (If outside city or town limits, write "RURAL") 5
 (d) Street No. 1817 E. Jaccard
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country. (1)

3. (a) PRINT FULL NAME Mary Loraine Slankard

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased November 15, 1942
 (Month) (Day) (Year)

8. AGE: Years 4 Months _____ Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Joplin Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Delmar Slankard

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

14. Maiden name Margaret Snodgrass

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

16. (a) Informant Mr. Delmar Slankard
 (b) Address 1817 E. Jaccard, Joplin, Mo

17. (a) Burial (b) Date thereof 12-16-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Parker-Hunsaker

18. (a) Signature of funeral director _____
 (b) Address 1502 Joplin Joplin, Mo.

19. (a) 12-16-46 (b) Ed A. James
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
 year 1946 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from November 16th, 1946, to Dec 12th, 1946
 that I last saw her alive on Dec 12th, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Blood dyscrasia
(Possible hypoplastic leukemia)
Due to aplastic anemia

Duration

5 wks

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?

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

23. Signature J. M. Clinier (M. D. or other)
 Address 327 E. Jaccard Bldg Date signed 12/13/46

46 - 12 - 1074

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. M. Jones

Licensed Embalmer No. 2719

P. O. Address Josephine 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.