No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. P-7629

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nevada Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18½ hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")

(d) Street No. 256 N. Elm 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Connie Slater

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

4. Sex Fm 1 | 5. Color or race N | 6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ O

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

7. Birth date of deceased February (Month) 10 (Day) 1947 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	18 hr. 30 min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name J. D. Slater O
13. Birthplace Nevada (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lorraine Dixon
15. Birthplace Nevada (City, town, or county) Missouri (State or foreign country)

16. (a) Informant J. W. Slater
(b) Address 256 N. Elm, Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 12 (Day) 1947 (Year)
(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Missouri

19. (a) 2-14-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

337 By Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased ~~from~~ on 10 Feb, 1947, to ....., 19....;
that I last saw her alive on 10 Feb, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity (gestation period 6½ mo)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

159

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury O

23. Signature Ray W. Pearce (M. D. or other) MD
Address Nevada Mo Date signed 13 Feb 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] No. 7,
[illegible]
[illegible]

STATEMENT BY LICENSED EMBALMER Not Embalmed

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. 1760 working under my personal supervision.

Signed L. Bitary. Not

Licensed Embalmer No. 1760

P. O. Address Nevada 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.