S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41029

FILED JAN 15 1948

Registration District No. 43 — Primary Registration District No. 5143 — Registrar's No. 445

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Rural — Poplar Bluff Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 miles N. on Hi-way 67
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Butler 12

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 5 mi N. on Hi-way 67
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Zebedee B. Sliger

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs Oma Sliger

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: July 12, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	5	18	..... hr. ..... min.

9. Birthplace: Plymouth Co., Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

FATHER
12. Name: William Sliger
13. Birthplace: ——— Tenn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Jane Bray
15. Birthplace: ——— Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Oma Sliger
(b) Address: Poplar Bluff, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 1-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sparkman—Butler Co., Mo

18. (a) Signature of funeral director: Frank-Cotrell
(b) Address: Poplar Bluff, Mo

19. (a) 1-1-48 (Date received local registrar) (b) R. Brunetree (Registrar's signature) 35

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 30 Dec 1947 to 30 Dec 1947 that I last saw him alive on 30 Dec 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 day
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94 P

PHYSICIAN — Underline the cause of 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 .....

23. Signature: [signature] (M. D. or other) MD

Address: Poplar Bluff Mo Date signed: Jan 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-73
Date Filed 1-12-49

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 [illegible]

Licensed Embalmer No. 2964

P. O. Address [illegible]

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.