

FILED JAN 12 1948

Registration District No. **2**

Primary Registration District No. **5370**

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

1. PLACE OF DEATH:

(a) County **Daviess**

(b) City or town **"Rural" Union Township**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Daviess County Home 5**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**

(c) City or town **Jamesport**
(If outside city or town limits, write "RURAL")

(d) Street No. **---**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Ulyses Grant Slentz**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

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 **August 29 1865**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	3hr.min.

9. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business.....

12. Name **George W. Slentz**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Ralph Dunn**

(b) Address **Jamesport, Mo.**

17. (a) **Burial** (b) Date thereof **12-4-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clear Creek Cemetery**

18. (a) Signature of funeral director **Hope Funeral Home**

(b) Address **Gallatin, Missouri**

19. (a) **13 Dec. 1947** (b) **Regina M. Engelhart**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **2**
year **1947** hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 1, 1947** to **Dec 2, 1947**
that I last saw h. **alive** on **Dec 1, 1947**
and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death **Myocardial infarction**
Cardiovascular renal disease

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations **131A**

Of autopsy.....

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 **H. Bailey** (M.D. or other) **2**

Address **Gallatin, Mo.** Date signed **12/4/47**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 _____

working under my personal supervision.

Signed: *B. Dickerson*
Registered Apprentice No. _____
Licensed Embalmer No. *3307*
P. O. Address *Gallatin, 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.