. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4564
Registrar's No. 112

39
2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ark (b) County Boone 999
(c) City or town Zinc 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Thomas Jefferson Slape
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Rebecca Slape
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 10 1867 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	11	23	hr. min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business Retired Farmer
FATHER
12. Name Unknown
13. Birthplace Unknown. 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. A. Williams
(b) Address Springfield Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Davidson Cem.
18. (a) Signature of funeral director Holt Funeral Home
(b) Address Harrison Ark.
19. (a) 2-7-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 3, year 1948 hour 7 minute 50 P. M.
21. I hereby certify that I attended the deceased from 2-1- 1948, to 2-3- 1948 that I last saw him alive on 2-3- 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock following fall of porch Fracturing 1st arm	4 days
Due to	
Due to	
Other conditions: Myocarditis (Include pregnancy within 3 months of death)	years
Major findings: Of operations	
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) accident
(b) Date of occurrence Jan 30-1948 136
(c) Where did injury occur? Zinc (City or town) Boone (County) Ark (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Fall off Porch
23. Signature C E Feller (M. D. ~~or other~~)
Address Springfield Mo. Date signed 2-4-48

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

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 J B Klingner, Registered Apprentice No. ....., working under my personal supervision.

Signed J B Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield 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.