

S. No. 2
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5-17-39
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DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 7 1948

Registration District No. 26

Primary Registration District No. 4-5-8-5347

Registrar's No. 19

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County DALLAS
 (c) City or town BUFFALO "RURAL"
 (If outside city or town limits, write "RURAL") 30
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME HOMER IRA SLACK
 3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MAR day 8
 year 1948 hour 3 minute 08 P.M.
 21. I hereby certify that I attended the deceased from, 19... to, 19...
 that I last saw him alive on, 19...
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or 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 OCT 25 1926
 (Month) (Day) (Year)

Immediate cause of death Car accident 12 mile east of Buffalo, Miss. Truck turned over, broken neck broken
 Due to Bad 13th leg
 Due to shoveled from back of truck
 Other conditions (Include pregnancy within 3 months of death) No request
 Major findings: Of operations
 Of autopsy 1948

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>4</u>	<u>12</u>	hr. min.

9. Birthplace DALLAS MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation LABORER

11. Industry or business
 12. Name LESTER SLACK
 13. Birthplace MO
 (City, town, or county) (State or foreign country)
 14. Maiden name DORA GRIMMETT
 15. Birthplace GREENCO MO
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant LESTER SLACK
 (b) Address BUFFALO MO
 17. (a) BURIAL (b) Date thereof 3-10-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation REYNOLDS CHAPEL

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Truck accident
 (b) Date of occurrence March 8, 1948 30
 (c) Where did injury occur? Buffalo, Dallas Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Public Road
 (Specify type of place) Truck
 While at work? (e) Means of injury Truck

18. (c) Signature of funeral director L B JONES
 (b) Address BUFFALO MO
 19. (a) 4/3/48 (b) Dora B. Jones
 (Date received local registrar) (Registrar's signature)

23. Signature D B Jones
 (M. D. or other) 3-10-48
 Address Buffalo Mo Date signed 3

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 3-48-354

Date Filed 4-6-48

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 Mario B. Jones

Licensed Embalmer No. 4322

P.O. Address Buffalo, 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.