

FILED OCT 15 1949

STANDARD CERTIFICATE OF DEATH

31219

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3049 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence-before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, So. Clay</u>	
c. LENGTH OF STAY (In this place) <u>10 da.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Dale</u>	c. (Last) <u>Slemp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 26 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9 - 18 - 1878</u>	9. AGE (In years last birthday) <u>71</u>	# UNDER 1 YEAR <u>0</u> Days	# UNDER 24 HRS. <u>8</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Atchison Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>
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13a. FATHER'S NAME <u>William Slemp</u>	13b. MOTHER'S MAIDEN NAME <u>Mary McGinnis</u>	14. NAME OF HUSBAND OR WIFE <u>Della Brindle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Della Slemp.</u>	ADDRESS <u>Rock Port. Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary atherosclerosis &amp; myocardial infarction</u> DUE TO (c) <u>coronary arteriosclerosis</u>		<u>18 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4/22/1</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 19 49, to Sept 26 1949, that I last saw the deceased alive on Sept 25, 1949, and that death occurred at 3:14 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas B. Brown (Wid)</u>	(Degree or title)	23b. ADDRESS <u>Rock Port Mo</u>	23c. DATE SIGNED <u>Sept 20 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/29/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hunter</u>	24d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-8-49</u>	REGISTRAR'S SIGNATURE <u>Bess Holt #229</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bartholomew Mortuary, Rock Port, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Grady Bartholomew \_\_\_\_\_

Licensed Embalmer No. 3173 \_\_\_\_\_

P. O. Address Rock Port. 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.