

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

37095  
 Do not use this space.

REC'D NOV 25 1938

3

**1. PLACE OF DEATH**

(a) County Vernon Registration District No. 875  
 (b) Township Washington Primary Registration District No. 6162  
 (c) City Missada (d) Street No. State Hospital #3 Nevada  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 18 yrs. 11 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 554 Emma Slaman  
Marionville, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1868

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, .....hrs. or .....min.  
70 6 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as saw mill, bank, etc. —  
 10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora, Mo.

FATHER 13. NAME John F. Slaman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Sophia Kenner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Records of Hosp #3  
Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL Marionville, Mo. DATE Oct 20, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Larry Funeral Home  
Nevada, Mo.

20. FILED Oct 19, 1938 Allen J. Hayes  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937 to Oct. 19, 1938  
 I last saw him alive on Oct. 18, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset  
Coronary Thrombosis 1938  
Chronic Myocarditis 1937

Other contributory causes of importance: U3C

Name of operation none Date of —  
 What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury —, 19—  
 Where did injury occur? —  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury none  
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify —  
 (Signed) A. E. Miller, M. D.  
795 (Address) State Hospital #3  
Nevada, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER  
FOR CERTIFICATE OF DEATH

RECEIVED

District Health Officer No. 7,

District File Number 7-38-325

Date Filed 11-3-38

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, Personall

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Lloyd R. Wimsatt

Licensed Embalmer No. 3857

P. O. Address Nevada, 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, above space should be left blank.