

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

5330
 Do not use this space.

RECD MAR 9 1939

1. PLACE OF DEATH

(a) County Garrison / Registration District No. 399
 (b) Township Man Primary Registration District No. 1002
 (c) City Kennett (d) Street No. 2901 Holme Registered No. 529
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2901 Holme St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel N Slater
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 0 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Insurance
 9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London Del

FATHER 13. NAME John A. Slater
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

MOTHER 15. MAIDEN NAME Pleasant
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) E E Francis 4007 Holme

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newman 278 39th M. M. Brown

20. FILED 78 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1939
 22. HEREBY CERTIFY, That I attended deceased from Jan 1938 to Feb 7 1939
 I last saw him alive on Feb 6 1939 Death is said to have occurred on the date stated above, at 9:00 am
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 820
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify: _____ (Signed) E. J. De Maria M. D.
 (Address) Sub K C Gen Insp Rec

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

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.....

Nell Carr

Licensed Embalmer No.

3976

P. O. Address.....

1401 Brushcreek

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.