

Registration District No. **431**Primary Registration District No. **3-2-355**Registrar's No. **103**

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town on way to Warrensburg
(If outside city or town limits, write "RURAL" and name of township)(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9
(Specify whetherIn this community
years, months or days)3. (a) PRINT FULL NAME Saling, Larry Lee

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 15 1940
(Month) (Day) (Year)8. AGE: Years _____ Months 6 Days 10 If less than one day _____ hr. _____ min.9. Birthplace Holden MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Albert Slating
13. Birthplace Warrensburg MO
(City, town, or county) (State or foreign country)
14. Maiden name Anderson
15. Birthplace Creston MO
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Albert Slating(b) Address Holden MO17. (a) Burial (b) Date thereof Aug 26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Holden18. (a) Signature of funeral director J.W. Goodman

(b) Address _____

19. (a) Aug 26-40 (b) Bertie Gentry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")(d) Street No. 802 S Pine
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 1940
year 1940 hour 12 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Sudden, 19____, and that death occurred on the date and hour stated above.Immediate cause of death Heart Disease Duration _____Due to Frame Oval failed to close

Due to _____

Other conditions 157C
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

G.G. (Specify type of place) _____ While at work? (e) Means of injury _____23. Signature T.L. Bradley (M. D. or other) _____Address Warrensburg MO Date signed Aug 26 40

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
9-5-40
Date Filed

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 Samuel B. Pope

Licensed Embalmer No. 4044

P. O. Address Holden 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.