

S. No. 2
-11-10-39
7-5-1
OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33017

State File No. _____

OCT 10 1940

Registration District No. 273

Primary Registration District No. 6018A

Registrar's No. 175

4
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois *St. Francois*

(b) City or town Near Farmington *Near Farmington*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days *3*
(Specify whether _____)

In this community _____
years, months or days)

8. (a) PRINT FULL NAME William Odell Slinkard

8. (b) If veteran, name war _____ 8. (c) Social Security No. 192-16-7262

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Susie E. Butler</u>	6. (c) Age of husband or wife if alive <u>Age. Un</u> years	
7. Birth date of deceased <u>March 30 1915</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>5</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Bessville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name W. O. Slinkard

13. Birthplace Patton Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Flora E. Drum

15. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospt. #4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-40
(Month) (Day) (Year)
(c) Place: burial or cremation Union Cem., Union, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. 6941

19. (a) Sept 28-1940 (b) T. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger Co.

(c) City or town Bessville, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27
year 1940 hour 6 minute 45 P.M.

21. I hereby certify, that I attended the deceased from 9-21 to 9-27, 1940,
that I last saw h. im alive on 9-27, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor (left temporal lobe - 2 yrs)
glioma - spongioblastoma type
terminal Rt mid & lower lobar pneumonia

Duration _____

Due to _____

Due to _____

Other conditions (include symptoms within 3 months of death) _____

Major findings: None

Of operations _____

Of autopsy yes *10*

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence no

(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?

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Geo. Tivis Graves, Jr. (M. D. or other) M. D.
Address Farmington, Mo. Date signed _____

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 S. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Md

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.