

FILED FEB 14 1941

Registration District No. 408

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

2937

State File No.

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Short Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 50 Years.

3. (a) PRINT FULL NAME Mahala Mae Slater

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife G. M. Slater 6. (c) Age of husband or wife if alive 4, 1866
7. Birth date of deceased July 4, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 20 If less than one day hr. min.

9. Birthplace X Ind. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown 13. Birthplace Unknown (State or foreign country) 14. Maiden name Elizabeth Snatler 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joe Slater (b) Address Carthage, Missouri.
17. (a) Burial (b) Date thereof 1-26-41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer (b) Address 1208 S. Garrison, Carthage,

19. (a) Jan. 25, 1941 (b) E. J. McInnis, M.D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")
(d) Street No. Short St., (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24, year 1941 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on Oct 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage occurred Jan 19 40
Due to arterio sclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) g.p.

Major findings: Of operations _____
Of autopsy _____

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? 465

(Specify type of place) While at work (e) Means of injury _____
23. Signature R. A. Arletor (M. D. or other) 3
Address Carthage, Mo Date signed Jan 24, 41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *E. L. ...*

Licensed Embalmer No. *7222*

P. O. Address *Carthage*

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.