

No. 2
-1-4-41
-17-39
X 28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41933

FILED JAN 21 1942

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 970

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield Rural - Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. County Farm (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thaddeus K. Slagle

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Slagle 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased November 1, 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired Grocer

11. Industry or business Grocery

12. Name Unknown Slagle

13. Birthplace Unknown

14. Maiden name Mary Elizabeth

15. Birthplace Unknown

16. (a) Informant Mrs. E. A. Haskell

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 12/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer uneral Home

(b) Address Springfield, Missouri

19. (a) 12-13-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

(c) Address Springfield, Mo. Date signed 12/12/41

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1941 hour 12:04 minute _____ A.M.

21. I hereby certify that I attended the deceased from on 11/14/41 only to _____ 19 _____;
that I last saw him im alive on 11/14/41 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration ?

Due to 97

Due to _____

Other conditions Dementia, from 1 wk.
(Include pregnancy within 3 months of death)

cerebral arterio-sclerosis PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____
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 _____

(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? _____

(Specify type of place)

(e) Means of injury _____

Signature J. B. Jammon (M. D. or other) M.

Address Springfield, Mo. Date signed 12/12/41

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

MOTHER FATHER

D

41

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. W. Workman

Licensed Embalmer No. *1467*

P. O. Address *Springfield*

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.