

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Grange
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
(Specify whether
In this community _____
years, months or days) 82 3 12

3. (a) PRINT FULL NAME Levi Peter Slater

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mattie Slater 6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: Feb. 8th 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 12 If less than one day
.....hr.min.

9. Birthplace: La Grange Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: House Moving

11. Industry or business

MOTHER FATHER
12. Name Anderson Slater
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Derry
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant: Husband Slater
(b) Address: La-Grange, Mo.

17. (a) Burial (b) Date thereof: May. 23. 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: La Grange, Mo.

18. (a) Signature of funeral director: M. Roberts

(b) Address: La Grange, Mo.

19. (a) 5/26/42 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town La Grange
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20
year 1942 hour 11:00 minute 4 M.

21. I hereby certify that I attended the deceased from MAY 18
1942 to MAY 20 1942
that I last saw him alive on MAY 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: MITRAL REGURGITATION
EPILEPTIC

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

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?

While at work? _____ (Specify type of place)
_____ (Specify means of injury)

23. Signature: W. F. E. ... M.D. (M. D. or other)

Address: LA GRANGE MO. Date signed: 5/29/42

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

6
2
0

487

RECEIVED

District Health Officer No. 10

District File Number 6-42-1204

Date Filed JUN - 6 1942

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.....

A.A. Roberts

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, 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, fact should be so stated above.