

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21320

State File No. ....

FILED JUL 10 1942

Registration District No. .... Primary Registration District No. 5530

Registrar's No. 7

45  
00

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

1. PLACE OF DEATH: Howard

(a) County Howard

(b) City or town Rural - FRANKLIN  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: One mile north on Rg 51  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. One mile north of Rg. 5.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARION THOMAS 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 J. TERRELL 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased NOV. 15 - 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Beane 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Slater

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

14. Maiden name Martha Gager

15. Birthplace not known 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Slater

(b) Address New Franklin

17. (a) Removal (b) Date thereof 6/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Providence (Beane Co)

18. (a) Signature of funeral director P. S. Newcom

(b) Address New Franklin, Mo.

19. (a) 6-23-42 (b) Thomas S. Perry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1942 hour 5 minute 0 P. M.

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

Immediate cause of death Coronary occlusion 1/2 hour

Due to myocarditis

Due to

Other conditions 94 a  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. H. Chamberlain (M. D. or other)

Address New Franklin Mo Date signed June 22 - 42

1224

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-8-42.....

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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.....

*L. L. Hall*

Licensed Embalmer No.....

3515

P. O. Address.....

*New Franklin*

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.