FILED AUG 12 1942

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23971

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 242

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1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: W. Donald Sliger
3. (b) If veteran, name war:
3. (c) Social Security No. 491-18-5657
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lillie Belle Sliger
6. (c) Age of husband or wife if alive: 21 years
7. Birth date of deceased: July (Month) 23 (Day) 1920 (Year)

8. AGE: Years 22 Months 0 Days 13 If less than one day hr. min.

9. Birthplace: Poplar Bluff (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Bookkeeper
11. Industry or business:
FATHER 12. Name: Walter Sliger
FATHER 13. Birthplace: Poplar Bluff (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name: Male Spencer
MOTHER 15. Birthplace: Poplar Bluff (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Walter Sliger
(b) Address: Poplar Bluff, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 8, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Marble Hill Cem
18. (a) Signature of funeral director: Greer Croy Funeral Service
(b) Address: Poplar Bluff, Missouri
19. (a) 8-7-42 (Date received local registrar) (b) Belle Hume (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th. year 1942 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from July 30, 1942, 19, to August 6th., 1942; that I last saw him alive on August 5, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis	7 days
Due to: Perforate Appendicitis	9 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): 12/11	
Major findings: Of operations: Ruptured appendix	
Of autopsy:	

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:
(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)
While at work? (e) Means of injury:

23. Signature: W. L. Brandon, M. D. (M. D. or other) M. D.
Address: Poplar Bluff, Missouri Date signed 8-6-42

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 842-1013
Date Filed 8-10-42

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Sylva Bldg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.