

FILED MAR 6 1943
Registration District No. **519**

Primary Registration District No. **2000**

Registrar's No. **115**

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

19
22
6

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **SPRINGFIELD MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
421 E. MADISON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **84 Yr.**
(Specify whether years, months or days)

In this community **84 Yr.**

3. (a) PRINT FULL NAME **ALICE SLAGLE.**

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 **SINGLE**

6. (b) Name of husband or wife **None**

6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased: **JAN 22 1859**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	0	14	hr. min.

9. Birthplace **BOLIVAR MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **TEACHER**

11. Industry or business **TEACHING**

MOTHER FATHER

12. Name **JAMES SLAGLE**

13. Birthplace **Unknown UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **BARBARA BARBARA**

15. Birthplace **Unknown UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **ADA MAYFIELD**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Feb 8 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Slagle Cemetery**
J.W. Klingner & Co.

18. (a) Signature of funeral director: **J.W. Klingner & Co.**

(b) Address **SPRINGFIELD MO.**

19. (a) **2-8-1943** (Date received local registrar)

(b) **J.W. Haulley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE**

(c) City or town **SPRINGFIELD MO.**
(If outside city or town limits, write "RURAL")

(d) Street No. **421 E. MADISON.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **USA**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **6th**
year **1943** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **19 FEB 5 1943**
that I last saw **her** alive on **Feb.** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**

Duration **4 days**

Due to **230**

Due to **230**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (2) Means of injury

23. Signature **W.E. Albright** (M. D. or other)

Address **1128 N. Jefferson** Date signed **Feb 8-43**

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

Roy A. Leavin

Licensed Embalmer No.

1763

P. O. Address

Springfield 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.

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