V. S. No. 2
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Rev. 5-17-39
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FILED APR 7 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED APR 1943

11789

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 568 Primary Registration District No. 6248 Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County: Washington

(b) City or town: Rural — Richwoods (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Richwood Township (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: few days —

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Washington

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

(d) Street No.: Richwood Township (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Elvin Leon Slankard

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: S

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: February (Month) 16 (Day) 1943 (Year)

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

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

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER

12. Name: Noah Slankard

13. Birthplace: Bernie, Mo. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Dona Patterson

15. Birthplace: Bernie Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Noah Slankard

(b) Address: Richwoods, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 1, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Hoine Cemetery

18. (a) Signature of funeral director: Roach and Kitchell

(b) Address: Richwoods Missouri

19. (a) 3-1-43 (Date received local registrar) (b) L. B. Lamud (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1943 hour 3 minute 0 — M.

21. I hereby certify that I attended the deceased from 2-19-43, to 3-1-43, that I last saw him alive on 2-27-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Intracranial Hemorrhage

Duration

Due to: .....

Due to: abnormal labor with instrumental delivery

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

Major findings: Of operations: 160 C

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. J. Kitchell (M. D. or other)

Address: St. Clair Mo. Date signed: 3/1/43

1037 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 443-1954

Date Filed 4-5-43

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.

Not Embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.