

ED. APR 28 1943
Registration District No. 318

Primary Registration District No. 2000

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: Springfield Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hours
In this community 12 Hours (Specify whether years, months or days)

3. (a) PRINT FULL NAME Infant Son of Clair Sleskin.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Inf. 6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased April 11 1943
(Month) (Day) (Year)

8. AGE: Years ✓ 0 Months 0 Days 0 If less than one day 12 hr. min.

9. Birthplace Springfield, Mo. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Inf.

11. Industry or business

MOTHER FATHER { 12. Name Clair Sleskin

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

14. Maiden name Louise Sisk

15. Birthplace Ash Grove, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Clair Sleskin

(b) Address 805 South Jefferson St.

17. (a) Burial (b) Date thereof April 13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Fred O. Thieme

(b) Address Springfield, Mo.

19. (a) 4-12-43 (b) W E Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 805 South Jefferson St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/11-1943 to 4/12/43
that I last saw her on 4/11-4/13 and that death occurred on the date and hour stated above.

Immediate cause of death Premature (6 mo) with Duration

Due to

Due to 159

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) (e) Means of injury

23. Signature [Signature] (M.D. or other) [Signature]
Address [Signature] Date signed

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

6890

1943

984

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.....**Fred G. Thieme.**.....

Licensed Embalmer No. **2899**

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.