

FILED MAR 1 1944 318

STANDARD CERTIFICATE OF DEATH

State File No.

1708

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Frisco Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/7/44 to 2/19/44 (Specify whether years, months or days)
In this community 1/7/44 to 2/19/44

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County Tulsa
(c) City or town Tulsa
(If outside city or town limits, write "RURAL")
(d) Street No. 916 N. Peoria St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME CHARLEY VIRGIL SLANKARD

3. (b) If veteran, name war None
3. (c) Social Security No. 702-03-7866

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Eugenia Slankard 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased May 23 1895
(Month) (Day) (Year)

8. AGE: 48 Years 8 Months 26 Days If less than one day hr. min.

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

10. Usual occupation Logging Crossman

11. Industry or business Railroad

12. Name Wes Slankard

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

14. Maiden name Willa Huggin

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

16. (a) Informant Eugenia Slankard

(b) Address Tulsa, Oklahoma

17. (a) Removal (b) Date thereof 2-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 21 1944 (b) J. P. Bredebeck
(Date of issue) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19 year 44 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1/7 to 2/19, 1944, that I last saw him 19 days alive on 2/19, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure
Due to Generalized Cachexia
Generalized laryngomatous
Due to Primary site - unknown
Other conditions: 55
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 0

23. Signature Anthony J. Caranell (M. D. or other) _____
Address 4960 Laclede Date signed 2/19/44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

802T

802T

OCT 6 1944

AUG 24 1944

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 *Albert G. Koppa*.....

Licensed Embalmer No. *7971*.....

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.