

FILED SEP 9 1944

Registration District No. 322

Primary Registration District No. 3071

Registrar's No. 26

1. PLACE OF DEATH: *Slater*
 (a) County *Slater*
 (b) City or town *Slater*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *641 N. Jefferson*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *no*
 (Specify whether
 In this community *Life*
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Mo.* (b) County *Saline*
 (c) City or town *Slater*
 (If outside city or town limits, write "RURAL")
 (d) Street No. *North Jefferson*
 (If rural, give location)
 (e) Citizen of foreign country? *No* (Yes or No)
 If yes, name country *None*

3. (a) PRINT FULL NAME *Edward Lee Alspaw*
 3. (b) If veteran, name war *no*
 3. (c) Social Security No. *none*

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *Aug* day *4*
 year *1944* hour *11* minute *a.m.*

4. Sex *M* 5. Color or race *wh*
 6. (a) Single, widowed, married, divorced *single*
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive *23* years
 (Day) (Year)

21. I hereby certify that I attended the deceased from *Aug 3* to *Aug 4* 19*44*
 that I last saw him alive on *Aug 4* 19*44*
 and that death occurred on the date and hour stated above.

7. Birth date of deceased *Feb 23 1944*
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
5 11 hr. min.

Immediate cause of death *Acute dysentery Unspecified*
 Due to _____
 Due to _____
 Duration *24 hrs*

9. Birthplace *Marshall MO*
 (City, town, or county) (State or foreign country)
 10. Usual occupation *child*

Other conditions (Include pregnancy within 3 months of death) *270*
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name *Edward J. Alspaw*
 13. Birthplace *Marshall MO*
 (City, town, or county) (State or foreign country)
 14. Maiden name *Marie Juanita McMillen*
 (City, town, or county) (State or foreign country)
 15. Birthplace *Slater MO*
 (City, town, or county) (State or foreign country)
 16. (a) Informant *Mrs W. C. McMillen*
 (b) Address *Slater MO*
 17. (a) *Burial* (b) Date thereof *8-6-44*
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation *Slater MO*
 18. (a) Signature of funeral director *Hell Brothers*
 (b) Address *Slater MO*
 19. (a) *8-10-44* (b) *Mrs John Gigu*
 (Date received local registrar) (Registrar's signature)

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) (Means of injury)
 23. Signature *J. McMillen* (M. or Mother)
 Address *Slater MO* Date signed *8-5-44*

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

11
 2
 1

MOTHER FATHER

1211

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-8-44

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 Sam M Hill

Licensed Embalmer No. 1292

P. O. Address State 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.