

FILED SEP 21 1948

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **302**

1. PLACE OF DEATH:
(a) County **Butler Bluff**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dalton Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Butler**
(c) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jackson Slinkard**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ellis Slinkard**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **June 17 1888**
(Month) (Day) (Year)

8. AGE: Years **30** Months **2** Days **21** If less than one day hr. _____ min. _____

9. Birthplace **Chicago Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired**

11. Industry or business _____
12. Name **Unknown**
13. Birthplace **"**
(City, town, or county) (State or foreign country)
14. Maiden name **"**
15. Birthplace **"**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Delmar Turner**
(b) Address **Poplar Bluff, Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/11/48**
(Month) (Day) (Year)
(c) Place: burial or cremation **Poplar Bluff Mo**
18. (a) Signature of funeral director **Greer Croy & Fitch**
(b) Address **Poplar Bluff Mo.**
19. (a) **9-15-48** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **8**
year **1948** hour **8** minute **A** M.
21. I hereby certify that I attended the deceased from **1 Aug 48** to **8 Sept 48**
that I last saw him alive on **7 Sept 48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac Arrhythmia**
Due to **Myocardial Infarction**
Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy **9319**
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 **D**
Signature **[Signature]** (M. D. or other) **MD**
Address **Poplar Bluff, Mo** Date signed _____

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

No. 2
12-45
17-39
X47070

RECEIVED

District Health Office No. 2,

District File Number 942-1195

Date Filed 9-20-41

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.....

Philip J. Casserly....., Registered Apprentice No. 108
working under my personal supervision.

Signed Wallace N. F. et al.....

Licensed Embalmer No. 3859.....

P. O. Address Poplar Bluff, 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.