S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1942

42267

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 431 Primary Registration District No. 5589 Registrar's No. 159

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Rural Centerview Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Passing through the Co. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fannie Frances Slocum

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Chas. Slocum
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased 1 October 1911 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	2	23	......hr. ......min.

9. Birthplace Cole Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business

FATHER
12. Name Benjaman Pace
13. Birthplace Cole Co Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lou Flipping
15. Birthplace Camden Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Jack Pace
(b) Address California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-28-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sappington Cem
18. (a) Signature of funeral director Sweeney - Phillips
(b) Address Warrensburg Mo.
19. (a) Dec-27-'41 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1941 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from ...., 19...., to ...., 19....
that I last saw h.... alive on ...., 19....
and that death occurred on the date and hour stated above.

Immediate cause of death ✓ | Duration

Due to

Due to

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) 6 0 1
(b) Date of occurrence Dec 24 7:30 P.M.
(c) Where did injury occur? Highway 50 Johnson Mo (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 3 ✓

23. Signature Edward Andrews Coroner (M. D. or other)
Address Johnson Co Date signed 12-24-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 1-14-43

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

R. A. Phillips, Registered Apprentice No.

working under my personal supervision.

Signed R. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrenshurg, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
--8-21-41
X29283

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42267

Registration District No. 431 Primary Registration District No. 5589 *Registrar's No.*

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution .... In this community .... (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Fannie F. Slocum

3. (b) If veteran, name war .... 3. (c) Social Security No. ....

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced ....

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

7. Birth date of deceased Oct (Month) 1 (Day) 1911 (Year)

8. AGE: Years 30 | Months 2 | Days 23 | If less than one day ...... hr. ...... min.

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

10. Usual occupation ....

11. Industry or business ....

FATHER
12. Name ....
13. Birthplace .... (City, town, or county) .... (State or foreign country)

MOTHER
14. Maiden name ....
15. Birthplace .... (City, town, or county) .... (State or foreign country)

16. (a) Informant ....
(b) Address ....

17. (a) .... (Burial, cremation, or removal) (b) Date thereof .... (Month) (Day) (Year)
(c) Place: burial or cremation ....

18. (a) Signature of funeral director ....
(b) Address ....

19. (a) .... (Date received local registrar) (b) .... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1941 hour .... minute .... M.

21. I hereby certify that I attended the deceased from ...., 19...... to ...., 19......; that I last saw h...... alive on ...., 19......; and that death occurred on the date and hour stated above.

Immediate cause of death Dead on collision with anyother auto
Due to on highway 50. Nine miles west of Warrensburg
Due to Centerview Twp.

Duration

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

Major findings:
Of operations ....
Of autopsy ....

170 C-4
W

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 Dec 24 1941
(c) Where did injury occur? .... (City or town) Johnson (County) Mo (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 Edward Andrews Coroner M. D.
Johnson Co. Date signed 2-3-42

ply with