

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

RECORDED NOV 15 1938

35148

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph (No. State Hosp # 2 St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Joseph Ray Slover (Slover)  
 (a) Residence, No. Jackson Co. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 22 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. J. R. Slover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>39</u>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mount Hope DATE Oct 23 1938

19. UNDERTAKER (ADDRESS) Cato & Speaks Funeral Home Independence, Mo.

20. FILED Oct 22 1938 H. H. Littlebush Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1938 to Oct. 20 1938  
 I last saw him alive on Oct 20 1938 Death is said to have occurred on the date stated above, at 5:40 P. M.  
 The principal cause of death and related causes of importance were as follows:  
General Paresis  
 Date of onset ?

Other contributory causes of importance:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chumak Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) R. Kuhlman M. D.  
 (Address) State Hosp. no. 2

STATEMENT BY LICENSED EMBALMER

I, Roland R Speaks, Licensed Embalmer No. 3604  
hereby certify that the body recorded on the reverse side

Certificate was embalmed by me

or by \_\_\_\_\_, Registered Apprentice

(Signed)

Roland R Speaks

Licensed Embalmer No. 3604

NOTE: This above MUST BE SIGNED BY THE LICENSED EMBALMER