

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

42848
Do not use this space.

1. PLACE OF DEATH
 (a) County..... Buchanan Registration District No. 85
 (b) Township..... / Primary Registration District No. 1001 Registered No. 1329
 (c) City..... St. Joseph (d) Street No. St. Joseph's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Slater
 (a) Residence, No. 1606 N. 24th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>*</u>	<u>*</u>	<u>18</u>
				<u>30</u>

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)..... St. Joseph
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Harold Minton Slater
 14. BIRTHPLACE (CITY OR TOWN)..... St. Joseph,
 (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Marguerite KeBennett
 16. BIRTHPLACE (CITY OR TOWN)..... St. Joseph
 (STATE OR COUNTRY) Missouri

17. INFORMANT H.M. Slater
 (ADDRESS) 1606 N. 24th St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Dec 27, 1939
Mt. Olivet Cemetery

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son
 (ADDRESS) 1802 Union St. St. Joseph, Mo.

20. FILED Dec. 27, 1939 J. H. Healy 85 (Address) St. Joseph, Mo.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1939 to Dec 27, 1939
 I last saw him alive on Dec 27, 1939. Death is said to have occurred on the date stated above, at 11:55 AM
 The principal cause of death and related causes of importance were as follows:
Penetrating bullet -
 Date of onset

Other contributory causes of importance: 154

Name of operation: None Date of
 What test confirmed diagnosis? Ch 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 Penetrating bullet, M. D.
 (Signed) Frank J. Sidenfaden
 (Address) St. Joseph, Mo.

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.

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.....

W. T. Embalmer, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4028.....

P. O. Address St. Joseph, 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, above space should be left blank.