No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41359

FILED JAN 8 1941 B99

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 4752

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community About 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1419 Vine St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Emmett Slaughter
3. (b) If veteran, name war No
3. (c) Social Security No. 486-01-6011
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Ruth Slaughter
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Dec. (Month) 20 (Day) 1898 (Year)

8. AGE: Years 42 Months 11 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Missouri City (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Custodian 0
11. Industry or business U. S. Post Office 0

MOTHER FATHER
12. Name Henry Slaughter
13. Birthplace Missouri City (City, town, or county) Mo. (State or foreign country)
14. Maiden name Lucy Dorsey
15. Birthplace K.C. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Ruth Slaughter Wife
(b) Address 1419 Vine St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 14 (Day) 1940 (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th, K.C. Mo.
19. (a) 12/13/40 (Date received local registrar) (b) M. M. Grower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Dec. year 1940 hour 7 minute 45 A M.
21. I hereby certify that I attended the deceased from 12/6/40, 19__, to 12/12/40, 19__; that I last saw him alive on 12/12/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	8 da.
Due to 108	
Due to	
Other conditions Acute Myocarditis. (Include pregnancy within 3 months of death)	15 da.

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. N. Naeker (M.D. ~~or other~~)
Address 1820 Vine St Mo Date signed 12/13/40

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin G. Evans

Licensed Embalmer No. 3876

P. O. Address.....

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

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