No. 2
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FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21160

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 617

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 1 mo. 21 ds (Specify whether
In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Wilcox (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME ARTHUR SLAYDEN
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 30 (Day) 1895 (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	1	14	hr. min.

9. Birthplace Missouri O (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Jim Slayden
13. Birthplace Salem Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Nowlen
15. Birthplace ? Indiana 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lee Slayden
(b) Address 516 So. 8th Ste, St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 16 (Day) 1941 (Year)
(c) Place: burial or cremation Graham Mo.
18. (a) Signature of funeral director J. Fred Tehuse
(b) Address Savannah Mo.
19. (a) 6/16/41 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th year 1941 hour 920 minute a. M.
21. I hereby certify that I attended the deceased from June 14th, 1941, to June 14, 1941; that I last saw him alive on June 14, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Syphilis, Central Nervous System~~	
Due to Epilepsy	
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) None
(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)
85
While at work? (e) Means of injury
23. Signature J. R. Bunch (M. D. or other) MD
Address State Hosp # 2 Date signed 6/17/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 R. V. West

Licensed Embalmer No. 3876

P. O. Address St Joseph Mo.

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.