

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37783

State File No. ....

FILED DEC 10 1941

Registration District No. 884

Primary Registration District No. 1001

Registrar's No. 1078

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:  
8th & Olive Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
In this community 30 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 410 S. 8th Street.  
(If rural, give location)  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lee Slayden

(b) If veteran, name war None 3. (c) Social Security No. 491-10-7380

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
(b) Name of husband or wife Unknown: Lennie Slayden 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased March 29 1890  
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 11  
If less than one day hr. min.

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

10. Usual occupation Coal Trucker

11. Industry or business Tood-Sunshine Coal Co.

MOTHER FATHER  
12. Name James Slayden  
13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Nowland  
15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Slayden  
(b) Address 1205 S. 10th Str. St. Joseph, Mo.

17. (a) Removal (b) Date thereof Nov. 10, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham, Missouri  
Herman W. S. Dufala

18. (a) Signature of funeral director H. F. Mundy  
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 11/11/41 (b) H. J. Nettles  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 10th  
year 1941 hour 9 minute 30 AM.

21. I hereby certify that I attended the deceased on  
Nov. 10 1941, to  
that I last saw im 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day  
Due to Angina Pectoris 3 day  
Due to 942

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Man died suddenly following PHYSICIAN  
Complaint to his fellow  
workmen of pains in his left  
Chest and weakness  
for the past three days.  
Underline the cause to which death could be traced 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature H. F. Mundy (M. D. Coroner)  
Address 404 So 3d St Date signed 11/10/41  
St. Joseph

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

---

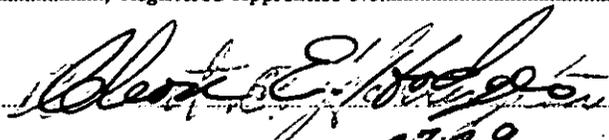
---

**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.....



Licensed Embalmer No. 2729

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, fact should be so stated above.**