

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 10 1941
88

Primary Registration District No. 1001

Registrar's No. 1062

1. PLACE OF DEATH **BUCHANAN**
 (a) County _____
 (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. 22**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 yrs. 4 days**
(Specify whether years, months or days)
 In this community **3 yrs. 4 days**

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

3. (a) PRINT FULL NAME **Edgar Sherman Slayten**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **5**
 year **1941** hour **5-5** minute **P.** M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mattie** 6. (c) Age of husband or wife if alive **infermate**
 7. Birth date of deceased **January 19 1867**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 1 - 1938** to **Nov. 5 - 1941**
 that I last saw him alive on **Nov. 5 - 1941**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	74	9	16	hr. _____ min. _____

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

Immediate cause of death **Cardiac hypertrophy**
 Due to **Coronary heart disease**
 Due to **Arteriosclerosis**
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**
 11. Industry or business _____
 MOTHER FATHER {
 12. Name **Gas. C. Slayten**
 13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
 14. Maiden name **Maggie Badine**
 15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

Major findings: **9502**
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Maggie Slayten**
 (b) Address **Newtown, Missouri**
 17. (a) **Removal** (b) Date thereof **Nov. 5, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Clarinda, Iowa**
 18. (a) Signature of funeral director **Floyd Shum**
 (b) Address **Bedford, Iowa**
 19. (a) **Nov. 7, 1941** (b) **Edgar Slayten**
(Date received local registrar) (Registrar's signature)

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 **J. J. O'Dell** (M. D. or other) **M.D.**
 Address **St. Joseph** Date signed **11/5/41**

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

Floyd E. Shum

Licensed Embalmer No. La 2381

P. O. Address Bedford La

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.