S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10332 62

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 405

011 1 7

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: ST-JOSEPH- HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY 0 (Specify whether
In this community 2 MO. 8 DAYS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN. 011 1 7
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2214 Dewey Ave. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BETTY-I-SLEETH.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Fem
5. Color or race Wht
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 3 (Day) 1940 (Year)

8. AGE: Years	Months	Days	If less than one day
1	10	15	hr. min.

9. Birthplace Maryville (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Charles E Sleeth
13. Birthplace Coles Co (City, town, or county) Ill (State or foreign country) 1
MOTHER
14. Maiden name Cora Castell
15. Birthplace St Joseph (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant C Castell & C Castell
(b) Address St Joseph Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr 20 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem.
18. (a) Signature of funeral director Roy Stowe
(b) Address St Joseph Mo
19. (a) 4-20-42 (Date received local registrar) (b) Rose Higgy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18 year 1942 hour 11 minute 15 A.M.
21. I hereby certify that I viewed the deceased from on April 18th 1942 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Gastritis Pernicious Vomiting dehydration and inanition	2 weeks
Due to	
Due to 118.3	
Other conditions (Include pregnancy within 3 months of death) Baby took sick 2 weeks ago	
Major findings: Of operations with percistant Vomiting and Constipation	
Of autopsy not Continued to vomit until admitted to the St Joseph Hosp. died next day	

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 2
23. Signature H F Mundy (M.D. or other) (Coroner)
Address 404 So 3d st Date signed 4/19/42

1253 (Licensed Embalmer's Statement on Reverse Side)

APR 23 1942

Dr Hughes
P+S Bldg

AUG 1 1942

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 John Ray Slaney

Licensed Embalmer No. 2435

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.