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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 23 1942
334

Registration District No. 334

Primary Registration District No. 5465

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 80 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Bethany Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Wesley Franklin Slaughter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25 year 1942 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Jan 2 1942 to April 24 1942

that I last saw him alive on April 24 1942 and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Slaughter

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 7 1861
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Due to Old age and a recent attack of Lobar Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

81 1 18 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Milton B. Slaughter

13. Birthplace Do not know
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Marks
(City, town, or county) (State or foreign country)

15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant John Slaughter

(b) Address Bethany Mo

17. (a) Burris (b) Date thereof 4-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burris Cemetery

18. (a) Signature of funeral director E.M. Haas

(b) Address Bethany Mo.

19. (a) 4-27-1942 (b) John M. Burris
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature Ernest L. Good (a) or other _____

Address Bethany Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

1
0
0

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.....

J. H. Hurd

Licensed Embalmer No.....

2861

P. O. Address.....

Bethany, 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.