S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30967

Registrar's No. 3934

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town 3
(If outside city or town limits, write "RURAL") 5

(d) Street No. 2305 Askew
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME John Williams Slaughter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, divorced 3

6. (b) Name of husband or wife Mrs Myrtle Slaughter

6. (c) Age of ~~husband~~ or wife if alive 55 years

7. Birth date of deceased May (Month) 19 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	3	22	hr. min.

9. Birthplace Marceline (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Retired Mechanic

11. Industry or business 13 Charolette

FATHER
12. Name Larkin Slaughter
13. Birthplace Lynn (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Bertha Perrin
15. Birthplace Macon (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Mrs Mildred Dale

(b) Address 2305 Askew

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13 43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek.

19. (a) 9-13-43 (Date received local registrar) (b) T. E. Brown, Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 1943 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 9th, 1943, to Sept. 11th, 1943; that I last saw him alive on Sept. 11th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes-Gangrene of left foot

Due to

Due to 61

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Emmy R. Thom O (M. D. or other)

Address Gen'l Hosp. Date signed 9-11-1943

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.