No. 2
—2-43)
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32345

FILED SEP 17 19[illegible]

Registration District No. 292

Primary Registration District No. 4435

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Ralls.
(b) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Perry, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community All of Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls.
(c) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. Perry, Missouri.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur Collins Slaughter.

3. (b) If veteran, name war

3. (c) Social Security No. 496-18-3148

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased July, 31, 1906.
(Month) (Day) (Year)

8. AGE: Years 37 | Months 1 | Days 2 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Laborer.

11. Industry or business Farm.

MOTHER FATHER

12. Name Wm Slaughter.

13. Birthplace Monroe Co, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Rouse.

15. Birthplace Monroe Co, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Slaughter.

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof Sept, 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Cemetery.

18. (a) Signature of funeral director Clyde Wilbey

(b) Address Perry, Missouri

19. (a) Sept. 12-1943 (b) Mrs. Earl Perkinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3dr.
year 1943. hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 5-43
, 19 , to Sept 3 19 43
that I last saw him alive on Sept. 3 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of bowels.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature Perry, Missouri (M. D.)
Address Perry Mo. Date signed 9-11-43

(Licensed Embalmer's Statement on Reverse Side)

SEP 17 1943

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~~ Clyde A. Wilbey, Registered Apprentice No. _____, working under my personal supervision.

Signed Clyde A. Wilbey

Licensed Embalmer No. 3820

P. O. Address Perry Iowa

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.