

FILED JUL 6 1944/2

Registration District No. 1944/2

Primary Registration District No. 1944/2

Registrar's No. 665

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: 1211 Highly Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community 47 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Alice Slaybaugh

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John D. Slaybaugh 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July 9 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Bardina County Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph A. Dawson

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

14. Maiden name Sarah Ellen Lough

15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant John D. Slaybaugh

(b) Address 1211 Highly St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6/21/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faron St. Joseph, Mo.

19. (a) 6/21/44 (b) Helena J. Riche
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1211 Highly St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th.
year 1944 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from April 12 1944 to June 19 1944
that I last saw her alive on " " 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Thrombus

Due to Cerebral Hemorrhage

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

Signature W. H. Grow (M.D. or other) DO.
Address 222 Logan St. Date signed 6/21/44

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1375

(Licensed Embalmer's Statement on Reverse Side)

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Albert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address. St. Joseph, Missouri

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.