

S. No. 2
M-8-43
5-17-39
P 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 16847
2184
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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

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:
Dorrance Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether
16 days years, months or days)

3. (a) PRINT FULL NAME MAY SLAUGHTER
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 Widowed
6. (b) Name of husband or wife Sam Slaughter 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased May 5, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 0 9 - hr. - min.

9. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business ---
12. Name Andrew McAfee
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Hockensmith
15. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Myrt Harding
(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereat May 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Christian
(b) Address Richmond, Missouri

19. (a) 5-15-46 (b) S. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray 89
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 321 E. Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1946 hour 11 minute 55 P. M.
21. I hereby certify that I attended the deceased from May 6
1946, to May 16, 19 46
that I last saw her alive on May 14, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory
Central arteriosclerosis 10470
Inflamed by Paralysis
Due to Alcohol
Duration

Other conditions (Include pregnancy within 3 months of death)
Major findings: 83
Of operations
Of autopsy

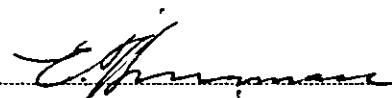
PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place) Means of injury
23. Signature Flora E. Maclean (M. D. or other) 342
Address 118 Prof Bldg Date signed 5/15/46

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

Signed .....

Licensed Embalmer No. 2073.....

P. O. Address Richmond, 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.