

No. 2
12-45
6-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 29 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7928**
Registrar's No. **337**

Registration District No. **42** Primary Registration District No. **1000**

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

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:
2302 Sylvania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Since 1st of year** years, months or days)

3. (a) PRINT FULL NAME **SAMUEL SLAUGHTER**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**
4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Emma Ione Thomas**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 16-1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 27 hr. min.

9. Birthplace **Elwood, Kans.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **Samuel Slaughter**
13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Hulan**
15. Birthplace **Wathena, Kans.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary F. Kempf**
(b) Address **2302 Sylvania**

17. (a) **Burial** (b) Date thereof **Mar. 16, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Belmont Cemetery**

18. (a) Signature of funeral director **E. R. Pidenfaden**
(b) Address **602 South 10th St.**

19. (a) **March 22, 1948** **E. R. Pidenfaden**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Doniphan**
(c) City or town **Wathena**
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **13**
year **1948** hour _____ minute **10 P** M.
21. I hereby certify that I attended the deceased from **March 1, 1948**, to **March 12, 1948**
that I last saw him alive on **March 12, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure**
Due to **Chronic myocarditis**
Duration **6 mo.**

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

Major findings: Of operations **937**
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 **Car**
23. Signature **Wm. S. Jackson** (M. D. or other)
Address **411 Federal Bank Bldg** Date signed **3/12/48**

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 *Mollie E. Sidenfaden Fox*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.