

THE DIVISION OF HEALTH OF MISSOURI

FILED MAY 21 1949 STANDARD CERTIFICATE OF DEATH

State File No. 18267

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 3071		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) Slater		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Slater			
d. FULL NAME OF HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Emma			b. (Middle) Slaughter		c. (Last) Slaughter		4. DATE OF DEATH (Month) (Day) (Year) April-25-'49
5. SEX female		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 18-1871	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 3 Days 7		IF UNDER 2 WKS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo. 0		12. COUNTRY OF WHAT CITIZEN? U S
13a. FATHER'S NAME Edmond Slaughter			13b. MOTHER'S MAIDEN NAME Malinda Hockaday			14. NAME OF HUSBAND OR WIFE widow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hattie Ware, Slater, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Chronic myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blind					INTERVAL BETWEEN ONSET AND DEATH 4 days years 3 yrs. 331X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE, HOMICIDE, (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July , 1945, to April 25, 1949 , that I last saw the deceased alive on April 25, 1949 , and that death occurred at 11 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) V. M. McBurney M.D.				23b. ADDRESS Slater, Mo.		23c. DATE SIGNED 4/27/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/28/49		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Slater, Mo.	
DATE REC'D BY LOCAL REG. 4-28-'49		REGISTRAR'S SIGNATURE Ms. Carl C. Metz		FUNERAL DIRECTOR'S SIGNATURE Hill Brothers		ADDRESS Slater, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300.
10.48

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10. 5,
RECEIVED
District Health Officer No. 6,
District File Number _____
Date Filed 5 20 49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

A. C. Hill

Licensed Embalmer No. 7090

P. O. Address Slater, 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.