S. No. 300
10.48

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29054

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Licking
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lynchtwp
d. STREET ADDRESS (If rural, give location) 7 Mi. S.W. of Licking Mo.

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Slaughter

4. DATE OF DEATH (Month) Aug (Day) 24, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Licking Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Slaughter
13b. MOTHER'S MAIDEN NAME Elmeline Slaughter
14. NAME OF HUSBAND OR WIFE Barbra Slaughter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME E. F. Slaughter ADDRESS Licking Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 345X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to 8-27-, 1949, that I last saw the deceased alive on 8-26-, 1949, and that death occurred at 12:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leslie Randall
23b. ADDRESS Mo Licking
23c. DATE SIGNED 8-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/27/49
24c. NAME OF CEMETERY OR CREMATORY Van Cleve Cem.
24d. LOCATION (City, town, or county) Texas Co. (State) Mo

DATE REC'D BY LOCAL REG. Aug. 30, 1949
REGISTRAR'S SIGNATURE Mrs. Elnora Hesse 324
25. FUNERAL DIRECTOR'S SIGNATURE Smith & Ferguson ADDRESS Licking Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Jacin
Texas
8-31
3:3

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.

Signed Eubert E Ferguson

Signed.....
Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Lufkin Te

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.