

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13493

FILED MAY 10 1956

State File No. 1758

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JOHNSON Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON Wyanett</b>	
b. CITY (If outside corporate limits write RURAL and give township) <b>Kansas City,</b>	c. LENGTH OF STAY (If this place) <b>8 hrs.</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital, Kansas City, Mo</b>		STREET ADDRESS (If rural, give location) <b>1908 North 6th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) _____ c. (Last) <b>SLAUGHTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 20 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-18-90</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Will Slaughter</b>	13b. MOTHER'S MAIDEN NAME <b>Lizzie Singletary</b>	14. NAME OF HUSBAND OR WIFE <b>Pauline Slaughter</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <b>Yes 7-19-18 to 10-28-18</b>	16. SOCIAL SECURITY NO. <b>7-17-23-99,5</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records,</b>	ADDRESS
---	--	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>less than 24 hrs</b>
	ANTECEDENT CAUSES <b>Cerebral hemorrhage into internal capsule left, with encephalomalacia</b>		<b>unknown</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary congestion, edema and bronchopneumonia bilateral. Diverticulosis, colon</b>		<b>unknown</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>33/4</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute) <b>VA m.</b>	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 **April 19, 1956, to April 20, 1956**, that I saw the deceased **X times**, and that death occurred at **1:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>HUGH H. OWENS, Coroner</b>	23b. ADDRESS <b>1034 Rialto Bldg, K.C. Mo</b>	23c. DATE SIGNED <b>4-20-56</b>
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-23-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Levensworth</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas</b>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <b>4-23-56 Neva Minshall</b>	REGISTRAR'S SIGNATURE <b>Leb. Davis</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Leb. Davis</b>	ADDRESS <b>K.C. Mo.</b>
--	--	---	----------------------------

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

1032001

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.....  
Signature of Student Embalmer

Signed *C. L. Davis*.....

Licensed Embalmer No. *44*

P. O. Address *K. C. O.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.