

NOV 15 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35142  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 1037  
(c) City St Joseph (d) Street No. St Joseph Hospital St. \_\_\_\_\_  
(If death occurred in hospital or institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LOGAN - SLAY BAUGH, Jr.  
(a) Residence, No. 1504 Fifth Ave St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Still born

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

FATHER  
13. NAME Logan Slaybaugh  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

MOTHER  
15. MAIDEN NAME Mabel Neumeier  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo

17. INFORMANT (ADDRESS) Logan Slaybaugh St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE Oct 18 1938

19. FUNERAL DIRECTOR (ADDRESS) Stoner Funeral Home St Joseph Mo

20. FILED Oct 18 1938 St Joseph Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/17 1938 to 10/17 1938  
I last saw him alive on still born 19..... Death is said to have occurred on the date stated above, at 11:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
still born due to asphyxiation Date of onset 10/17/38

Other contributory causes of importance:  
Cord around neck.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19.....  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) M. H. Galt M. D.  
(Address) City of St Joseph Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John Roy Stawey, Licensed Embalmer No. 2435  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....  
No. .... or by Raymond Strook, Registered Apprentice No. 166  
working under my personal supervision.

Signed John Roy Stawey  
Licensed Embalmer No. 2435

**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.)**