

REC'D MAR 9 1939 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5490
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Saw Primary Registration District No. 1002 Registered No. 689
 (c) City Jackson City (d) Street No. 5736 Tracy St.
 (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 Richard Earl Slaughter
 (a) Residence, No. 5736 Tracy St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Slaughter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1879
 7. AGE YEARS 59 MONTHS 4 DAYS 17 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Druggist
 9. Industry or business in which work was done, as saw mill, bank, etc. Druggist
 10. Date deceased last worked at this occupation (month and year) Feb. 11, 1939 11. Total time (years) spent in this occupation 48
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose Mo
 FATHER 13. NAME Lucian Slaughter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 MOTHER 15. MAIDEN NAME Lucy Ink
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Mrs. Mary E. Slaughter
 (ADDRESS) 5736 Tracy
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salvage Kansas DATE Feb 18 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer Sons (Brushcreek) + Paseo
 20. FILED 27 17 39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1-11-39, 1939 to Feb. 16, 1939
 I last saw him alive on 2-16- 1939. Death is said to have occurred on the date stated above, at 11:30 A.
 The principal cause of death and related causes of importance were as follows:
Cardiac Asthma with passive congestion of lungs following Biliary Cirrhosis with jaundice manifested the past year.
 Other contributory causes of importance: anxiety - & mental worry 48
 Date of onset 2-11-39
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no
 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?
 If so, specify _____
 (Signed) J. P. Grimes, M. D.
 (Address) 248 Plaza Bank Bldg.

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.

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12-024

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 _____

Will Carr

Licensed Embalmer No. _____

3976

P. O. Address _____

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, above space should be left blank.