

13-40
7-39
K23159

Registration District No. **85**

Primary Registration District No. **1001**

FILED DEC 10 1940
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
811 No. 10th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 yrs. years, months or days (Specify whether)

3. (a) PRINT FULL NAME Lillie B. Slaybough
(b) If veteran, name war _____ (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernie Slaybough 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased December 13 1894 (Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Clinton County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name Chas. A. Herbo

13. Birthplace Clinton County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Minnie Gregory

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Yamell

(b) Address Telephus, Mo.

17. (a) removal (b) Date thereof Nov 15 1940 (Month) (Day) (Year)
(c) Place: burial or cremation near Remlap, Independence, Quincy, Miss

18. (a) Signature of funeral director F. G. Howard Temple

(b) Address Stewartville, Mo. 65

19. (a) Nov. 14, 1940 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (1195)
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 811-N-10th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 13th year 1940 hour _____ minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 13th 1940 to _____, 19____; that I last saw Nov 13th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Hanging

Duration _____
Due to _____
Due to _____
Other conditions none (Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy none
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Nov, 13th 1940
(c) Where did injury occur? ST, Joseph, Mo, (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME

While at work? no (Specify type of place) (e) Means of injury Hanging
23. Signature B. W. Tadlock Coroner
Address King Hill Bldg. Date signed 11/14/40

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.....

Licensed Embalmer No. *952*

P. O. Address *Stewartsville*

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.