No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Pheone Slaughter

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43015

State File No. 94

FILED JAN 17 1941

Registration District No. 461

Primary Registration District No. 3024

Registrar's No.

54
6
1

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ----------
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --------
(Specify whether years, months or days)

In this community All Life. 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Lexington Mo
(If outside city or town limits, write "RURAL")

(d) Street No. South Eight
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Native years.

3. (a) PRINT FULL NAME Mrs. Pheone Slaughter

3. (b) If veteran, name war --------

3. (c) Social Security No.

4. Sex Fe.

5. Color or race Col.

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 72 | Months | Days | If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home 6

11. Industry or business 7

FATHER
12. Name Not Known 7
13. Birthplace Not Known (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Slaughter

(b) Address 44 n 2nd St, Kansas City, Kan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Winkler

(b) Address Lexington, Mo.

19. (a) Dec 28/40 (Date received local registrar) (b) Delia Bates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23rd year 1940 hour 8 — minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct. 20 —, 1939 to Dec. 23, 1940 that I last saw her alive on Dec. 22, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Endarteritis Chronica Deformans Posterior Spinal Sclerosis

Due to Lues. Pyelo-nephritis.

Due to

Other conditions — 34
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration: D. R.

PHYSICIAN
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) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? (e) Means of injury —

23. Signature G. S. Shesh (M. D. or other)

Address Lexington, Mo Date signed 12-28-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 1-16-41
Date Filed

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 Geo. T. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington, Mo

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.