

FILED MAR 14 1941

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 564

48  
38

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Marys 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

In this community 15 yrs.

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson 3

(c) City or town Kansas City, Mo. 8  
(If outside city or town limit write "RURAL")

(d) Street No. 2711 Linwood Blvd  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME Stephen O. Slaughter, Sr.

8. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary E. Cooper Slaughter 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased. Aug 23 1853  
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Hagerstown Maryland  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business retired 15 yrs.

12. Name Jonathan Slaughter

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

14. Maiden name Rachel Ann

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

16. (a) Informant Stephen O. Slaughter Jr.

(b) Address Goodland, Mo.

17. (a) Cremation (b) Date thereof Feb. 10 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linwood Bur.

18. (a) Signature of funeral director W. M. Thomas

(b) Address Smithville, Mo.

19. (a) 10 1941 (b) m. m. Crow  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th  
year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 12, 1941  
to Feb. 8, 1941  
that I last saw him alive on Jan. 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease  
auricular fibrillation

Due to 12 11  
12 11

Other conditions Bronchopneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations g 2 H

Of autopsy —

Duration

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? —

While at work? — (Specify type of place) (e) Means of injury 0

23. Signature J. H. of man MD (M. D. or other) 0  
Address 408 S. 9th St. Bldg Date signed 2-8-41

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**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.....

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.**