

FILED MAR 8 1943

Registration District No.

Primary Registration District No. 3000

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
A. S. O. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Chester Lowell Slaughter

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

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

6. (b) Name of husband or wife Mary Frances Slaughter 6. (c) Age of husband or wife if alive, 55 years

7. Birth date of deceased April 7, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 10 1 hr. _____ min.

9. Birthplace near La Plata Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name J. B. Slaughter

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

14. Maiden name Lucy Sebring

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

16. (a) Informant Floyd Slaughter

(b) Address La Plata Mo

17. (a) Burial (b) Date thereof Feb 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata Mo

18. (a) Signature of funeral director M. McCallum

(b) Address South Gifford Mo

19. (a) 2/12/43 (b) Mrs. J. W. Wayman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Yarrow R. F. D. 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1943 hour 3:00 minute _____ p. M.

21. I hereby certify that I attended the deceased from 2-8-43, 19, to 2-8-43, 19,
that I last saw him alive on 2-8-43, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound
2 abdominal shot -
thrombosis, etc

Duration

200 hours

Due to _____

Due to 166

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

PHYSICIAN

Major findings: multiple perforation 2
many loops of small intestine
Of autopsy _____

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) Homicide
(b) Date of occurrence 2-8-43
(c) Where did injury occur? near Yarrow Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? yes (Specify type of place) (e) Means of injury gun shot

23. Signature Chester Lowell Slaughter (M. D. or other) MD
Address Yarrow Mo Date signed 2-9-43

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

MOTHER FATHER

1049

MAR 8 1943

MAR 18 1943

Handwritten: 3-43-407

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 *W. Mc. Collins*

Licensed Embalmer No. 2052

P. O. Address *Smith Efford*

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.