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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 82

FILED FEB 18 1943

Registration District No. 167 Primary Registration District No. 5614

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

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Newark W.P. (rural) Burton

(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 _____)

In this community Life _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Newark (rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Waller McKenzie Slaughter

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

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

6. (b) Name of husband or wife Lena Main Slaughter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May - 10 - 1873.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Knox City, (rural) Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Albertus Slaughter

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

14. Maiden name Liddle McKenzie

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

16. (a) Informant Mr. Jennings Ray

(b) Address Pharma Ind.

17. (a) Anderson Cemetery (b) Date thereof Jan 4 - 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newark, Mo. (rural)

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri

19. (a) Jan 7 - 43 (b) _____
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1943 hour 2 PM minute 30 M.

21. I hereby certify that I attended the deceased from 1st _____, 1942, to Jan 12, 1943
that I last saw him alive on Jan 7, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration _____
955-110

Due to _____
Due to Albuminuria

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

Major findings: _____
Of operations _____
Of autopsy _____

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) (c) Means of injury _____

23. Signature Gail M. Reynolds (M. D. or _____)
Address Knox City, Mo. Date signed 1/4/43

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RECEIVED

District Health Officer No. 10

District File Number 2-43-334

Date Filed FEB 16 1943

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

Keith Hudson

Licensed Embalmer No.

2415

P. O. Address

Edina, Missouri

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.