S. No. 2
1—5-42
5-17-39
I X32873

97
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22561

FILED JUL 12 1943

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 336 North Conway (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 his Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97 1

(c) City or town Marshall (If outside city or town limits, write "RURAL") 2

(d) Street No. 336 North Conway (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Richard Slaughter

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex Male

5. Color or race Whlored

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

6. (b) Name of husband or wife Fannie Walker

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

7. Birth date of deceased April (Month) 14 (Day) 1870 (Year)

8. AGE: Years 73 Months 2 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Saline Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business " "

FATHER
12. Name George Slaughter
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country) 1

MOTHER
14. Maiden name Lizzie Bell Fowler
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Elijah Slaughter

(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Rock Creek Cemetery

18. (a) Signature of funeral director J. Leslie Surrey

(b) Address Marshall, Mo.

19. (a) 6-22-43 (Date received local registrar) (b) Mrs F. O. Woodcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 43 hour 6 minute ..... M.

21. I hereby certify that I attended the deceased from May 1, 1943 to June, 19..., that I last saw him alive on June 20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	6 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Dropsy	2 wks

Major findings:
Of operations
Of autopsy

93 1

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 [signature] (M. D. or other)

Address [illegible] Date signed 6/21/43

1215

(Licensed Embalmer's Statement on Reverse Side)

LOCSS

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-9-43

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 J. Leslie Downing
Licensed Embalmer No. 3235
P. O. Address Marshall 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.