

FILED APR 4 1946

Registration District No. **297**

Primary Registration District No. **3057**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Richmond, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
321 East Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO**
(Specify whether years, months or days)
In this community **76 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray** **89**
(c) City or town **Richmond, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **321 East Main Street**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Samuel L. Slaughter**

3. (b) If veteran, name war **NO** 3. (c) Social Security **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **May Slaughter** 6. (c) Age of husband or wife if alive **86** years

7. Birth date of deceased **June 31, 1858**
(Month) (Day) (Year)

8. AGE: Years **87** Months **8** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Knoxville, Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Abraham Slaughter**

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

14. Maiden name **Permelia Ann Huskison**

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

16. (a) Informant **Mrs. J. L. Simms**

(b) Address **Richmond, Missouri**

17. (a) **Burial** (b) Date thereof **3/5/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunnyslope Cemetery**

18. (a) Signature of funeral director **Quest-Lile F. Home**

(b) Address **Richmond, Missouri**

19. (a) **Mar. 8-46** (b) **mauel jackson**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **3** day **March**
year **1946** hour **8:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Feb 29** to **46** on **March 3, 46** that I last saw him live on **March 2, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **arterio Sclerosis**

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

Major findings: Of operations **934**
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) (e) Means of injury _____
23. Signature: **E. B. Day** (M. D. or other) **3-8-46**
Address: **Richmond, Mo.**

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

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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..... *George H. Hile*

Licensed Embalmer No. *4066*

P. O. Address *Richmond, Va.*

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.