

FILED AUG 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26432

Registration District No. 324

Primary Registration District No. 60.93

Registrar's No. 15731

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:
Missouri State School
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 yr., 10 mo., 14 days.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 97
 (c) City or town Cameron
 (If outside city or town limits, write "RURAL")
 (d) Street No. 210 S. Locust
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Paul Weasley Slayton3. (b) If veteran, name war _____ 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 1 1935
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
11 11 16 hr. min.9. Birthplace Cameron Mo.
(City, town, or county) (State or foreign country)10. Usual occupation None11. Industry or business None12. Name William M. Slayton13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name Edna M. Browning15. Birthplace Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Records of Mo. State School(b) Address Marshall, Mo.17. (a) Burial (b) Date thereof July 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Clatsburg, Mo.18. (a) Signature of funeral director Campbell-Sewer(b) Address Marshall, Mo.19. (a) July 18, 1947 (b) Sidney J. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1947 hour 8:20 minute P. M.21. I hereby certify that I attended the deceased from April, 1947
to July 17, 1947
that I last saw him alive on July 17, 1947
and that death occurred on the date and hour stated above.Immediate cause of death Tuberculosis of the lungs Duration 6 mo.Due to Perhaps influenza

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 R. R. Kiley (M. D. or other) _____Address Marshall, Mo. Date signed 7/24/47

Duration

6 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-8-17

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.....

R. W. Campbell Jr.

Licensed Embalmer No.

34691

P. O. Address

Marshall Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.