

S. No. 300
M-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7929
Registrar's No. 386

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 5 1948
Registration District No. 445

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(e) State Missouri (f) County Buchanan
(g) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3017 Edmond Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Silas Slaybaugh
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29
year 1948 hour 7 minute 50 A M.
21. I hereby certify that I attended the deceased from
3-25, 1948, to 3-29, 1948;
that I last saw him alive on 3-29, 1948;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora M. Slaybaugh
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased August 7 1866
(Month) (Day) (Year)

Immediate cause of death
Pulmonary Edema Duration 14 hrs.
Due to Senility
Due to fracture of hip

8. AGE: Years 81 Months 7 Days 22
If less than one day
hr. min.

Other conditions
(Include pregnancy within 2 months of death)
Major findings:
Of operations None
Of autopsy None
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business _____

MOTHER FATHER
12. Name Augustus G. Slaybaugh
13. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Blankinship
15. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. W. Gibson
(b) Address 3017 Edmond St., St. Joseph, Mo.
17. (a) Burial (b) Date thereof Apr. 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.
19. (a) 4-1-48 (b) H. K. Jenkins
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 131
(b) Date of occurrence 3-25-48
(c) Where did injury occur? St. Joseph, Buchanan, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None on front sidewalk
While at work? no (Specify type of place) (g) Means of injury Fell
23. Signature [Signature] (M. D. or other) DC
Address 823 Faraon St., St. Joseph, Mo. Date 3/29/48

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

Raymond W. Merlehead

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.