

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18778
Registrar's No. 648

FILED JUN 21 1948
Registration District No. 42

Primary Registration District No. 1000

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:
3408 Mitchell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not
In this community 29 years.
years, months or days (Specify whether)

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Silas Slaybaugh
6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased February 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 21
If less than one day hr. min.

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 Thomas Jeffers
13. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Brinton
15. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. W. Gibson

(b) Address 3408 Mitchell Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof June 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoff

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 6-14-48 (b) G. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3408 Mitchell Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 29 1948 to June 9 1948
that I last saw her alive on June 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Duration Unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

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 Am Redmond (M. D. or other)

Address 309 Kirkpatrick, Beda Date signed 6/19/48

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

300
147
-39
3908

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~~.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Raymond W. Threlkeld

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.