

FILED NOV 8 1945

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Clay Liberty
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
629 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 6 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1315 N. 9th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles Slaughter

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex male

5. Color or race negro

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased 3 8 1869
(Month) (Day) (Year)

8. AGE:

Years 76 Months 7 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Liberty Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation merchandise

11. Industry or business self, 1315 N. 9th St.

MOTHER FATHER

12. Name William Slaughter

13. Birthplace Smithville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Decasie

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

16. (a) Informant Annetta Gray

(b) Address 441 Spruce Lake front

17. (a) burial (b) Date thereof 10-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City of me

18. (a) Signature of funeral director Mrs. J. W. Jones

(b) Address 440 State and N. E. 14th

19. (a) Oct 31 45 (b) Missouri Hayman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept., 1945, to _____, 1945;
that I last saw him alive on Oct 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Sen Arteriosclerosis
Due to It is possible or probable that he had a hemorrhage due to a silent area of the brain in August or later
Other conditions July
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: OK
Of operations _____
Of autopsy _____

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 W. H. Anderson (M. D. or N. D.)
Address Liberty Mo Date signed 10/27/45

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

11-6-48

DEC 21 1948

OCT 28 1949

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.....

Engene English

Licensed Embalmer No. *4105*

P. O. Address. *440 State Ave N.C.*

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.