

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2566

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2514 Mersington Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Fannie M. Slichter

8. (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 Married

6. (b) Name of husband or wife Mr. Samuel C. Slichter 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 22 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>1</u>	hr. min.

9. Birthplace Topeka Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown Smith

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Martin

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

16. (a) Informant S. Slichter

(b) Address 2514 Mersington Avenue

17. (a) Burial (b) Date thereof June 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. H. Newcomer Done

(b) Address 1401 Brush Creek Blvd.

19. (a) June 24, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 2514 Mersington Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd
year 1940 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from May 20
1940, to June 23, 1940
that I last saw him alive on June 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 Day

Due to Hypertension 20 years Duration 4 years

Due to _____
Other conditions Amyloidosis Duration 4 years
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: none
Of autopsy: none
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 fall

23. Signature Graham Asher (M. D. or other) M.D.

Address 1220 Professional Bldg Date signed 6-24-40

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

1230 Professional Bldg.
11:30-5

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address B. C. 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, above space should be left blank.