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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31141

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 3704

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1402 Bales Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: V (Specify whether
In this community: 28 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1402 Bales
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Maggie Slater
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Femal
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Ernest Slater
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June 14 (Month) 1856 (Day) (Year)

8. AGE: Years 84 | Months 3 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace (City, town, or county): Arkansas (State or foreign country) 1
10. Usual occupation: At Home 9
11. Industry or business: 9
MOTHER FATHER
12. Name: ------ Key
13. Birthplace (City, town, or county): Norwcord (State or foreign country)
MOTHER
14. Maiden name: No record
15. Birthplace (City, town, or county): No record (State or foreign country)
16. (a) Informant: Eva Rossner
(b) Address: 37 North 8 St Rosedale Kans.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 25 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Mrs C.L.Forster
(b) Address: 918 Brooklyn
19. (a) 9-23-40 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 23 year: 1940 hour: 2 minute: A M.
21. I hereby certify that I attended the deceased from Jan 1936, 19__, to Sept 22, 1940; that I last saw her alive on Sept 22, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Bronchitis	4 years
Due to: and General debility due to old age	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 106 B	

Major findings:
Of operations: —
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? (Specify type of place)
While at work? — (e) Means of injury: —
23. Signature: J. F. Swanson (M. D. or other)
Address: 2816 East 6th St. Date signed: 9/23/40

(Licensed Embalmer's Statement on Reverse Side)

2816E.6
Br. 6186
1:30.

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address N. C. Mo

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.