V. S. No. 2
M—11-10-39
ev. 5-17-39
I X2149

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34512

NOV 12 1940

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4028

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: 6431 Pennsylvania Avenue (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution -------- (Specify whether years, months or days) In this community 18 Years

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") 0

(d) Street No. 6431 Pennsylvania Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? -------- years.

3. (a) PRINT FULL NAME Mrs. Susan Rothenberger Slayback

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 Mr. Alf Slayback

6. (c) Age of husband or wife if alive -------- years

7. Birth date of deceased January (Month) 22 (Day) 1856 (Year)

8. AGE: Years 84 Months 8 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Mulberry (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation At Home 1

11. Industry or business --------

MOTHER FATHER

12. Name Ephraim Rothenberger 9

13. Birthplace Allenton (City, town, or county) Pennsylvania (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant O. W. Slayback

(b) Address 6431 Penn. S.J.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry, Indiana

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-20-40 (Date received local registrar) (b) M. R. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th year 1940 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10-14, 1940, to 10-18, 1940, that I last saw her alive on 10-17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death — Uremia — Duration 3 days

Due to Chronic nephritis

Due to 131

Other conditions Hypertension - Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

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) no

(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 [illegible] (M. D. or other) 1

Address 1401 Brush Blvd. Date signed 10-18-40

(Licensed Embalmer's Statement on Reverse Side)

1401 - Southwest Blvd.
2-5

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 H C Newcomer Jr

Licensed Embalmer No. 4049

P. O. Address K. 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.