

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

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:  
Convalescent Home 751 1/2 Warnell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 12 Years 4 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Fairmount, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 818 Cedar  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME General Beaugard Slusher

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 2nd 1862  
(Month) (Day) (Year)

8. AGE: Years 78 77 Months 7 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Henry Slusher

13. Birthplace W. Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Cassa Andrea

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant E.L. Slusher

(b) Address Indp. Mo.

17. (a) Burial (b) Date thereof July 17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg Mo

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn K.C. Mo.

19. (a) 7-16-41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1941 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 9/41  
to July 15/41  
that I last saw him alive on July 15/41  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 3 da.

Due to 1070

Due to 107

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none  
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) (e) Means of injury \_\_\_\_\_

23. Signature M. M. Brown M.D. (M. D. or other) \_\_\_\_\_  
Address 503 Walker Bldg Date signed 7/16/41

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

48  
2675

*W. C. ...*

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**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 *Daniel C. Browning*  
Licensed Embalmer No. *2724*  
P. O. Address *H. 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.**