

DEC 22 1941 399

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4342

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

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:
The George H. Nettleton Home,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years,
(Specify whether 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. The George H. Nettleton Home,
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Anna Milton Slayton,

3. (b) If veteran, name war. X

3. (c) Social Security No. X

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Leo F. Slayton,

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

7. Birth date of deceased March 19 1863.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 8 4hr.min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name John Welsh,

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

14. Maiden name Margaret Tracy,

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

16. (a) Informant Dr. R. B. Slayton,

(b) Address 4438 Harrison, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 11-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 11-24-41 (b) M. H. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23rd,
year 1941, hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from October
First 1941 to Nov-23 1941
that I last saw her alive on Nov 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
in malignant hypertension

Due to 97

Due to —

Other conditions none attributable
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: —

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?
No

While at work: — (Specify type of place) (e) Means of injury —

23. Signature John H. Lapp (M. D. or other) M.D.
Address 1304 Professional Bldg Date signed Nov 24 1941

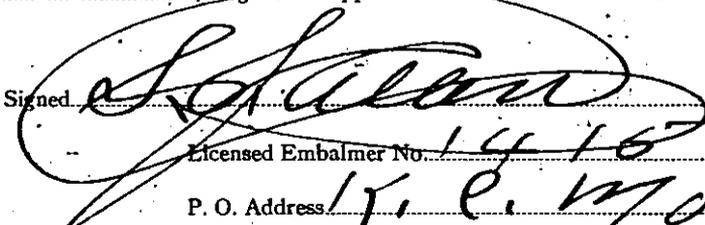
Dr. John Lepp

11 AM Prof. Bledy

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 

Licensed Embalmer No. 1416

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, fact should be so stated above.