

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registrar's No. **3163**

FILED SEP 3 1942

Registration District No. **149**

Primary Registration District No. **1202**

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: **Menorah Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 Days**
(Specify whether years, months or days)
 In this community **41 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")
 (d) Street No. **2408 East 38th Street**
(If rural, give location)
 (e) Citizen of foreign country? **No**
 If yes, name country **No**

3. (a) PRINT FULL NAME **Annie Kimber Slavens**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Carl C. Slavens**
 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **August 31 1884**
(Month) (Day) (Year)

8. AGE: Years **57** Months **11** Days **22**
If less than one day hr. min.
 9. Birthplace **Greenfield Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

11. Industry or business
 12. Name **Eli Mills Kimber**
 13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
 14. Maiden name **Belle Montgomery**
 15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Carl C. Slavens**
 (b) Address **2408 East 38th Street**
 17. (a) **Removal** (b) Date thereof **8-23-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Greenfield, Missouri.**
 18. (a) Signature of funeral director **Mrs. C.L. Forster**
 (b) Address **Kansas City, Missouri**
 19. (a) **8-23-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **August** day **23rd.**
 year **1942** hour **8** minute **15 A.** M.
 21. I hereby certify that I attended the deceased from **8.17.42**
 19 **42** to **8.23** 19 **42**
 that I last saw **h.s.** alive on **8.22.42** 19 **42**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Paratyphoid typhus** **5 days**
 Due to **Acute Bacterial Cholecystitis** **6 days**
 Due to **Chronic Cholecystitis & Cholelithiasis** **20 yrs.**
 Other conditions **Hypertension** **126**
(Include pregnancy within 3 months of death)

Major findings: **Acute Bacterial Cholecystitis & Cholelithiasis**
 Of operations
 Of autopsy **Acute Paratyphoid typhus**

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? **No** (Specify type of place) _____
 Means of injury _____
 23. Signature **Harry C. Lepp** (M. D. or other) **MD**
 Address **1103 Grand** Date signed **8-23-42**

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

S. No. 2
 1-9-4-41
 7-5-17-39
 I X29484

Dr. Henry Lath
36 West 69th
N.Y. 10028

JAN 4 1944
JAN 6 1944

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 Theron A. Redmon

Licensed Embalmer No. 2787

P. O. Address N.Y.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.