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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. 6326

FILED FEB 18, 1944

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 550

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: Kansas City Tuberculosis Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mo. (Specify whether years, months or days)

In this community 5 months 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 202 East 30th St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME CLYDE H. SLADE

3. (b) If veteran, name war No

3. (c) Social Security No. 497-14-7690

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 11 (Day) 1884 (Year)

8. AGE: Years 59 Months 1 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Winfield (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Construction worker

11. Industry or business Building Bridges

FATHER
12. Name James Slade
13. Birthplace Pitsfield (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Anna Moore
15. Birthplace Hartford (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Virginia Arcentales

(b) Address Ben Am. Business College Room 43 Kansas City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3-44 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill, K.C.K.

18. (a) Signature of funeral director Jos. A. Butler's Sons

(b) Address 22518 K.C.K.

19. (a) 2-2-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29 year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec. 18, 1943, to Jan. 29, 1944 that I last saw him alive on Jan. 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B. — Duration 8 mo.

Due to

Due to

Other conditions Degenerative Sclerosis aortic valve. Carcinoma of bladder. (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Pulmonary tuberculosis / Carcinoma of bladder. 526

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 0

23. Signature W. E. Nirbourg (M.D. or other)

Address N. C. Tuberculosis Hosp. Date signed 1/30/44

(Licensed Embalmer's Statement on Reverse Side)

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. 3426 Mo

P. O. Address. Kansas City Kansas

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.