

Registration District No. 1007

Primary Registration District No. 1007

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: 1310 EAST TARMOUR Steva  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town HICKMAN MILLS  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21  
year 1944 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 1944, to April 29 1944;  
that I last saw her alive on April 21 - 1:15 AM 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration August

Due to Arteriosclerosis

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W M Slaughter (M. D. or other) \_\_\_\_\_

Address 4220 Bell Date signed Apr 21

3. (a) PRINT FULL NAME ELIZABETH MILLER SLAUGHTER

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 WIDOWED

6. (b) Name of husband or wife O. V. SLAUGHTER 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased MAY 2 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation AT HOME

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

12. Name JOHN M. HAYRON

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

14. Maiden name MARY MILLER

16. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant JOHN SLAUGHTER

(b) Address HICKMAN MILLS, Mo.

17. (a) BURIAL (b) Date thereof APR. 24 '44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FORREST HILL CEM. K.C. Mo.

18. (a) Signature of funeral director E. K. GEORGE & SONS.

(b) Address GIBBSVIEW

19. (a) 4-21-44 (b) P. C. Brown  
(Date received local registrar) (Registrar's signature)

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

---

**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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Bellon, 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.**