

FILED JUN 3 1944
Registration District No. 779

Primary Registration District No. 1002

Registrar's No. 2293

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: 3503 Thompson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs (Specify whether years, months or days)
In this community 30 yrs

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. 3503 Thompson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Mrs Lucy A. Slattery

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

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

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

7. Birth date of deceased Feb 16th 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 10 hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name James Webb

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Lola Raddinger

(b) Address 3503 Thompson

17. (a) Burial (b) Date thereof 5-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 5-27-44 (b) H. E. Blower
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
year 1944 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 1942
to 5-25, 1944 to 5-25, 1944
that I last saw her alive on 5-25 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart Duration acute
Chronic Myocarditis 2 yrs
Due to Arterio Sclerosis about 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
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) (c) Means of injury _____
23. Signature H. C. ...
Address 6520 Indep. Ave Date signed 5-27-44

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

MOTHER FATHER

Dr Anderson 6520 Indp Ave
Phone Be 0756

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 *Glenn E. Heek*

Licensed Embalmer No. *4063*

P. O. Address *1800 Linwood Bl*

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.