No. 2
8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20882

Registration District No. FILED JUL 1 1944 Primary Registration District No. 1002 Registrar's No. 2759

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: 5301 OLIVE STREET
(If not in hospital or institution, write street number or location)

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

In this community 20 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. 5301 OLIVE STREET
(If rural, give location)

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

If yes, name country ------ D

3. (a) PRINT FULL NAME MRS. MINNIE E. CORDER SLUSHER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR. WARD SLUSHER

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

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

8. AGE: Years 84 Months 0 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace HIGGINSVILLE (City, town, or county) D MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business NATHAN CORDER

12. Name NATHAN CORDER

13. Birthplace HIGGINSVILLE (City, town, or county) D MISSOURI (State or foreign country)

MOTHER FATHER

14. Maiden name UNKNOWN

15. Birthplace HIGGINSVILLE (City, town, or county) D MISSOURI (State or foreign country)

16. (a) Informant ~~Mrs.~~ Mr. Leroy Slusher

(b) Address 5301 ~~Slusher Olive~~

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-2-44 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ LEXINGTON MISSOURI

18. (a) Signature of funeral director W. N. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-1-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29TH year 1944 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 29, 1944 to June 29, 1944 that I last saw her alive on June 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of uterus	4 or 5 yrs
Due to Fibroid	20 yrs
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

4815

Major findings:
Of operations —

Of autopsy —

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) (e) Means of injury —

23. Signature E. H. Slusher (M. D. or other)

Address 900 Rialto Bldg Date signed 6-30-44

(Licensed Embalmer's Statement on Reverse Side)

12-3

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson

State File No.
Local Registrar's No. 2758

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of July, 1947, before me appears LeRoy H. Slusher, who, upon his oath, states that the original record of ~~birth~~ death for Minnie P. Slusher, died ~~born~~ June 29th, 1944, in the State of Missouri, and which was filed at Kansas City on 30th June, 1944, should be corrected as follows:

Item No. 3 should read Minnie P. Slusher
Instead of Minnie E. Slusher

Item No. 16 should read Mr. Leroy Slusher
Instead of Mrs. Leroy Slusher

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant LeRoy H. Slusher
Relationship. Son

3301 Olive
Present Address.

Subscribed and sworn to before me this 21st day of July, 1947

My Commission expires My Commission Expires April 27, 1945

W. M. Lynn Notary Public.

containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-8-42
I X33820

20882