

Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days 10.0** days
(Specify whether
In this community **10 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **St. Joseph Hosp. Linwood & Pros- 3**
(If rural, give location) **pect**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **GEORGE SLATTERY**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month **Oct.** day **8th**
year **1944** hour **6:** minute **30** P.M.
21. I hereby certify that I attended the deceased from **1944 to Oct 8th 1944**
that I last saw him alive on **Oct 8th 1944**
and that death occurred on the date and hour stated above.

4. Sex **Male 0** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mattie Slattery**
6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **June 22 1857**
(Month) (Day) (Year)

Immediate cause of death **Coronary heart disease** Duration _____
Due to **Atherosclerosis**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
87 3 16 hr. min.

9. Birthplace **Chillicothe Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance Work**
11. Industry or business **St. Joseph Hospital**

12. Name **James Slattery**
13. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Slattery**
(b) Address **R #3 Jamesport, Mo.**

17. (a) Removal **(b) Date thereof 10-9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Chillicothe, Mo.**

18. (a) Signature of funeral director **J.W. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) 10-9-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature **R. C. Griffith** (M. D. or other) _____
Address **1022 S. 4th St. Chillicothe, Mo.** Date signed **10/11/44**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

11-3647
Rialto
D. H. C. [unclear]

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, 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.