

FILED DEC 9 1944

Registration District No. **149**Primary Registration District No. **1002**Registrar's No. **4844**

## 1. PLACE OF DEATH:

(a) County **Jackson**  
 (b) City or town **Jackson**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Gen. Hosp.**  
 (If not in hospital or institution, write street number & location)  
 (d) Length of stay: In hospital or institution **57 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ETTA W. SLAGEL**

3. (b) If veteran, name war **No**  
 3. (c) Social Security No **None**

4. Sex **M** 5. Color or race **W.**  
 6. (a) Single, widowed, married, divorced **Mar.**  
 6. (b) Name of husband or wife **Wm D.**  
 6. (c) Age of husband or wife if alive **67** years  
 7. Birth date of deceased **Jan. 16 - 1967**  
 (Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **10**  
 If less than one day hr. min.

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

10. Usual occupation **Homemaker**11. Industry or business **None**12. Name **ETTA**

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

14. Maiden name **ETTA**

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

16. (a) Informant **Wm D. Slagel**(b) Address **1330 Prospect**17. (a) (Burial, cremation, or removal) (b) Date thereof **12-1-44**  
(Month) (Day) (Year)(c) Place: burial or cremation **Forest Hill**18. (a) Signature of funeral director **W. E. Blackmar**(b) Address **R. S. N. E. Brown**19. (a) **12-1-44** (b) **W. E. Brown**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Jackson**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1323 Prospect**  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) **No**  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26**  
 year **1944** hour minute M.

21. I hereby certify that I attended the deceased from  
 that I last saw him alive on **Deputy Coroner**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** DurationDue to **Fractured hip**Due to **Injury by Fall, 5**Other conditions: (Include pregnancy within 3 months of death) **1860**

Major findings: Of operations

Of autopsy **See above**

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) **Accident** **123**(b) Date of occurrence **Nov. 19, 1944**(c) Where did injury occur? **Kansas City** (City or town) (County) (State) **Mo**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place) (e) Means of injury **Trauma**23. Signature **A. E. Walker** (M. D. or other) **MO**Address **128 M. Co. Y** Date signed **12/1/44**

**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..... *B. H. Blackman* .....  
Licensed Embalmer No. *2294* .....  
P. O. Address.....

**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.**

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K.C.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME

Etta W. Slagel

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced me

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

7. Birth date of deceased Jan 16 1886  
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days \_\_\_\_\_ (Less than one day) \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) 12-1-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

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

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

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

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

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

1944  
S-34917