

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1946
 BUREAU OF THE CENSUS

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:
3815 Walnut Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 22 Years
 years, months or days)

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. 3815 Walnut Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GUSTAVUS BOWER SLACK
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ruth C. Slack 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased December 11th 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 21 0 hr. min.

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

10. Usual occupation Shoe Salesman

11. Industry or business
 12. Name Gen. William Y. Slack
 13. Birthplace Mason County, Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Isabella Bower
 15. Birthplace Paris Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth C. Slack
 (b) Address 3815 Walnut Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-4-46
 (Month) (Day) (Year)
 (c) Place: burial or cremation Chillicothe, Mo.

18. (a) Signature of funeral director Freeman Mortuary & Chapel
 (b) Address 104 West 42nd Street

19. (a) 6-3-46 (Date received local registrar) (b) Heraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1st.
 year 1946 hour 3:00 minute P. M.

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

Immediate cause of death Coronary occlusion

Due to arteriosclerosis

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 94
 Of operations _____

Of autopsy no
History of hypertension

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 _____ 3

23. Signature James Walker (M. D. or other) 3
 Address 1424 N. 11th Date signed 6-1-46

Duration

PHYSICIAN

 Underline the cause to which death should be charged statistically.

19390 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

J. H. Freeman

Licensed Embalmer No

2939

P. O. Address

F. O. 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.