S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27293

Registration District No. 19

Primary Registration District No. 1002

Registrar's No. 3458

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: 4200 OLIVE STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: - - - - - -
In this community: 15 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 4200 OLIVE STREET 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: - - - - -

3. (a) PRINT FULL NAME: MRS. FLORENCE S. OTHICK

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. GEORGE OTHICK

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

7. Birth date of deceased: JANUARY (Month) 1 (Day) 1859 (Year)

8. AGE: Years 87 | Months 7 | Days 7 | If less than one day: hr. min.

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

10. Usual occupation: AT HOME

11. Industry or business: - - - - -

FATHER
12. Name: JAMES SLAYDEN
13. Birthplace: (City, town, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name: JEMIMA RODMAN
15. Birthplace: (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant: MRS. G. L. McPHERSON
(b) Address: 4200 OLIVE STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: AUG-17-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: FOREST HILL CEMETERY

18. (a) Signature of funeral director: D. H. Heuermann Son
(b) Address: 1401 - BRUSH CREEK BLVD.

19. (a) 8-10-46 (Date received by local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: AUGUST day: 8th
year: 1946 hour: 9 minute: PM. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Deputy Coroner — Duration
Skull Fracture
Due to: Fracture Leg —
Due to: Injury By Fall from window.

Other conditions (Include pregnancy within 3 months of death): 186a 1/10

Major findings:
Of operations:
Of autopsy: History & Inspection.

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): Accident 1/2 3
(b) Date of occurrence: 8/8/46
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)
(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. Usher (M. D. or other) MD
Address: 2800 Main Date signed: 8/9/46

(Licensed Embalmer's Statement on Reverse Side)

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

26134

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 Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.