S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41931
Registrar's No. 5429

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: K.C.Gen.Hospital No.1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 4 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.: 3534 Woodland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Dora Grace Sliger
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: Married
6. (b) Name of husband or wife: Charley Sliger
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: June 5, 1883 (Month) (Day) (Year)
8. AGE: Years 64 Months 6 Days 18 If less than one day ... hr. ... min.
9. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

MOTHER FATHER
12. Name: Alfred Moore
13. Birthplace: Unknown (City, town, or county) Kentuckey (State or foreign country)
14. Maiden name: Lucy Todd
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Margaret Boehm
(b) Address: 3534 Woodland, K.C. Mo.
17. (a) Removal*Burial (Burial, cremation, or removal) (b) Date thereof: 12-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborne, Mo.
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 Linwood Blvd. K.C. Mo.
19. (a) 12-25-47 (Date received local registrar) (b) Geraldine Helms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 23rd year: 1947 hour: 4:00 P.M. minute: ... M.
21. I hereby certify that I attended the deceased from: 12-22-47, 19..., to: 12-23-47, 19...; that I last saw h.er alive on: 12-23-47, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Pyonephrosis with post operative shock following nephrectomy
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 1320
Major findings: Of operations: Pyonephrosis
Of autopsy: None

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Med. Dir. K.C. Gen. Hosp. K.C. Mo. M.D. or other
Address: Date signed:

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Thomas J Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed J H Pryor

Licensed Embalmer No. 2999

P. O. Address K C

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.