V. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16516

FILED MAY 22 1948

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2056

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:
948 West 33rd St. Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 18 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. 948 West 33rd St. Terrace 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Miss Anne Marie Slattery

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 Single /

6. (b) Name of husband or wife ____

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

7. Birth date of deceased November (Month) 12, (Day) 1872 (Year)

8. AGE: Years 75 Months 6 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country) /

10. Usual occupation At Home

11. Industry or business ____

FATHER
12. Name Phillip Slattery
13. Birthplace ____ (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Elizabeth B. Toohey
15. Birthplace ____ (City, town, or county) Pa. (State or foreign country) /

16. (a) Informant Phillip A. Slattery
(b) Address 948 West 33rd St. Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Missouri

18. (a) Signature of funeral director Wagner Funeral Home
(b) Address Kansas City, Missouri

19. (a) 5-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1948 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 5/12, 1948, to 5/12, 1948; that I last saw her alive on 5/12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute cardiac dil chronic nephritis	hrs
Due to chronic deforming arthritis	years
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
Major findings: Of operations ____	
Of autopsy ____	

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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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature J W Hoeberg (M. D. or other) 0

Address 231-W-47th Date signed 5/13/48

(Licensed Embalmer's Statement on Reverse Side) [illegible]

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, M

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.