S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29968

FILED SEP 18 1948

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 3620

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

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: 2010 Park Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2010 Park Avenue
(If rural, give location)

(e) Citizen of foreign country? no ~~Yes~~ (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruth Frances Slaughter

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe. 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife Emmett Byron Slaughter

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

7. Birth date of deceased 12 (Month) 26 (Day) 1904 (Year)

8. AGE: Years 43 years | Months 8 | Days 26 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Frazier
13. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Nannette Roberts
15. Birthplace Tuscon, (City, town, or county) Arz. (State or foreign country)

16. (a) Informant Emmette Slaughter
(b) Address 2010 Park Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director West, Appleton & Jones
(b) Address 1905 Vine St.

19. (a) 9-4-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 30, 1948 to Sept. 2, 1948 that I last saw her alive on Sept. 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

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

Major findings:
Of operations —
830
Of autopsy —

Duration: 4 days

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 0

23. Signature D. M. Miller (M. D. ~~or other~~)

Address 1816 Vine Kc Mo Date signed 9-3-48

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed C. H. West

Licensed Embalmer No. 2710

P. O. Address K. C. 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.