No. 300
10.48

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

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16143
Registrar's No. 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 40 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 418 W. 10 St.

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) S. c. (Last) Slaughter Jr
4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 23 1860
9. AGE (In years last birthday): 88 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sign Painter
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Thomas S. Slaughter Sr
13b. MOTHER'S MAIDEN NAME: Mary Louise Mc Aboy
14. NAME OF HUSBAND OR WIFE: No Record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Charles V. Slaughter ADDRESS: K.C.MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Empyema left
Pulmonary edema and congestion

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 11, *19* 49, *to* April 24, *19* 49, *that I last saw the deceased alive on* April 24, *19* 49, *and that death occurred at* 8:10A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm. W. Hart (Degree or title) Wm. W. Hart M.D.
23b. ADDRESS: Med. Dir. Gen'l Hosp.
23c. DATE SIGNED: 4-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-4-49
24c. NAME OF CEMETERY OR CREMATORY: Olathe Cemetery
24d. LOCATION (City, town, or county) (State): Olathe Kansas

DATE REC'D BY LOCAL REG.: 5-4-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. A. Johnson
ADDRESS: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

This body was not embalmed by any one of the Embalmers at The Forster Funeral Home. It was done by The College of Mortuary Science, Kansas City, Kansas. At The General Hospital Kansas City, Missouri, before we received same.

Mrs C.L. Forster Funeral Home.

Signed _____
Manager.

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 _____, Student Embalmer No. _____ working under my personal supervision.

Signed Marshall C. Joener

Signed _____
Student Embalmer

Licensed Embalmer No. 3453

P. O. Address 1202 Central KC

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.