

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16144
Registrar's No. 2245

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

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>43</u> years | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3335 Wabash</u> | | d. STREET ADDRESS (If rural, give location) <u>3335 Wabash</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>J</u> c. (Last) <u>SLOTHOWER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-29-49</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>July 21, 1862</u> | 9. AGE (In years last birthday) <u>86</u> | 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) <u>Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>John Slothower</u> | 13b. MOTHER'S MAIDEN NAME <u>Esther Miller</u> | 14. NAME OF HUSBAND OR WIFE <u>X</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>E. J. Hedge,</u> ADDRESS <u>Oklahoma City, Oklahoma</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs 2 weeks years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rt Ventricular Failure</u> | | |
| | ANTECEDENT CAUSES <u>apoplexy</u> <u>Senility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334 X</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 4-6, 1948, to 5-23, 1949, that I last saw the deceased alive on 5-23, 1949 and that death occurred at 2:30A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Joseph H. Printa</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>1103 Grand</u> | 23c. DATE SIGNED <u>5-23-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 24, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>5-23-49</u> | REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>WILKS FUNERAL HOME,</u> ADDRESS <u>2315 Linwood K.C. Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Chas. E. Walks

Signed _____
Student Embalmer

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.