

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

150
8 State File No. 16763
2220

FILED JUN 7 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city mo</u>	c. LENGTH OF STAY (in this place) <u>2 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mission Kansas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1024 Baltimore on Sidewalk</u>		d. STREET ADDRESS (If rural, give location) <u>5214 Maple St</u>	

3. NAME OF DECEASED a. (First) <u>Mrs Mildred Irene</u> b. (Middle) <u>Slemmons</u> c. (Last) <u>Slemmons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12-1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-17-1905</u>
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Power Machine operator</u>	

10b. KIND OF BUSINESS OR INDUSTRY <u>Marlene Dress Co</u>	11. BIRTHPLACE (State or foreign country) <u>Elkhorst, Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sam Germain</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Hubert D Slemmons</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486-10-7162</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hubert D Slemmons 5214 Maple Mission Kan</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hip + femur injury resulting from multiple fracture of femur</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>8978</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hip + crushing injuries of chest</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chest</u>		

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) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Kansas city Johnson Kan</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-12-52 9:30 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Jumped from building</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>Bus. & Realty Ad. Deputy Assn. 3</u>	23b. ADDRESS <u>4050 Broadway Kansas</u>	23c. DATE SIGNED <u>5-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bern Kansas</u>	24d. LOCATION (City, town, or county) (State) <u>Bern Kansas</u>
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DATE REC'D BY LOCAL REG. <u>5-14-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wornall Funeral Home</u>
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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.....

Frank Deuff

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address: *K @ 2nd*

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.