

FILED MAR 14 1941

State File No. _____

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. 500

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: Roanoke Nursing Home *IL*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years
(Specify whether years, months or days)

In this community 70 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 30

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

(d) Street No. 4200 Harrison
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Mary Fenton Slaughter

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 widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 29 years
(Day) (Year)

7. Birth date of deceased Nov. 29, 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	2	10	hr. _____ min. _____

9. Birthplace Fredericksburg, Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name C. S. W. Taylor

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mason

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Beverly Seehorn

(b) Address 4200 Harrison

17. (a) Cremation (b) Date thereof 2-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Crematory

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) 2/10/41 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9,
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 8
1941 to Feb 9, 1941
that I last saw h^e alive on Feb 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar

Due to Senility

Due to 100%

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

Duration

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature R. V. Slaff (M. D. or other) MD
Address 1022 Wiggly Rd. Date signed 2/10/41

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

Original Body
11:30 - 5:00

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 Lawrence W. Chiles

Licensed Embalmer No. 3473

P. O. Address 76 E 760

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.