

Registration District No. 377

Primary Registration District No. 1002

Registrar's No. 798

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:
635 Benton Blvd.
(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
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 635 Benton Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mr. Paul R. Slack

3. (b) If veteran, name war None 3. (c) Social Security No. 486-07-5047

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Nancy Lee Slack 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April 21 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 10 0 hr. min.

9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Fred Harvey System Restaurants

MOTHER FATHER { 12. Name Anthony T. Slack
13. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Morian Moore
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P. R. Slack
(b) Address 635 Benton Blvd

17. (a) Burial (b) Date thereof Feb. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. Indep. Mo

18. (a) Signature of funeral director J. H. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) 2/24/41 (b) M. M. Crowe
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 st.
year 1941 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from January 25 to Feb. 21, 1941.
that I last saw her alive on Feb. 21, 1941, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction
Due to coronary atherosclerosis
Due to hypertension
Other conditions giggle
(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?

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

23. Signature R. L. Bluffey (M. D. or D. O.)
Address 1003 Grand Date signed 2/24/41

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

89308

Professional Seal
1230-3
7/1, 2000

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 Ernie M. Colborn

Licensed Embalmer No. 3506

P. O. Address F. 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.