

No. 2  
4-13-40  
5-17-39  
X23159

APR 21 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1169

48  
3  
80  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jackson,  
(b) City or town Kansas City,  
(c) Name of hospital or institution Lakeside Hospital,  
(d) Length of stay: In hospital or institution 21 days,  
In this community 21 days,

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County Jackson,  
(c) City or town Ravenwood,  
(d) Street No. 1  
(e) If foreign born, how long in U. S. A? No. years.

3. (a) PRINT FULL NAME Mrs. Allie Anne Slagle,

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 20th  
year 1941 hour 6:00 minute A. M.

3. (b) If veteran, name war no. 3. (c) Social Security No. NO.

21. I hereby certify that I attended the deceased from March 1  
1941, to March 20 1941;  
that I last saw her alive on March 19 - 10:30 PM 1941;  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced / Married

Immediate cause of death  
Due to Toxic Myocarditis 8 days  
Due to Ruptured Gallbladder Appendicitis - Septic Peritonitis 7 days  
Other conditions 12:1  
Major findings: Ruptured appendix Facilitated appendiceal abscess.  
Of autopsy None

6. (b) Name of husband or wife J. M. Slagle, 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November 19 1881  
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife,

11. Industry or business X

12. Name Phillip Richardson,

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

14. Maiden name Litton,

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

16. (a) Informant J. M. Slagle,

(b) Address Ravenwood, Mo.

17. (a) Removal, (b) Date thereof 3-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanberry, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3/21/1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none

While at work? no (Specify type of place) (e) Means of injury None

23. Signature George J. Cusler (M. D. or other) M.D.

Address 212 Taylor Bldg Date signed March 21/41

Dr. Conley.

Leave not to certify.

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

*Willis H. Bennett*

Registered Apprentice No.

*282*

working under my personal supervision.

Signed

*E. M. Plank*

Licensed Embalmer No.

*1845*

P. O. Address

*T. 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.