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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAILED NOV 13 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33822

Registration District No. 279

Primary Registration District No. 1002

Registrar's No. 3754

1. PLACE OF DEATH **Jackson**

(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 **421 Scarritt**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **60 Years** ! (Specify whether years, months or days)

3. (a) PRINT FULL NAME **CYRUS A. SLATER**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 0

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Hannah**

6. (c) Age of husband or wife if alive **78 1/2** years

7. Birth date of deceased **November 21, 1859**
(Month) (Day) (Year)

8. AGE: Years **81** Months **10** Days **13** hr. **14** min.

9. Birthplace **Compton Cheshire England** 4
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Letter Carrier**

11. Industry or business **U. S. Post Office Dep't.**

12. Name **William Slater**

13. Birthplace **Compton Cheshire England** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Emily Bethary Bethary**

15. Birthplace **Compton Cheshire England** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Delaware Esterbrook**

(b) Address **4409 Scarritt**

17. (a) **Burial** (b) Date thereof **Oct. 7, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brookings Cemetery**

18. (a) Signature of funeral director **C. H. Blackman & Son,**

(b) Address **2825 Indep. Blvd. K. C. Mo.**

19. (a) **10/27/40** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 048 3 8

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

(d) Street No. **421 Scarritt** (If rural, give location)

(e) If foreign born, how long in U. S. A.? **60** years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct. 5,** day **5** year **1940,** hour **6 5** minute **30 PM.**

21. I hereby certify that I attended the deceased from **July**, 19**40**, to **Oct 5**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardosis** 1420

Due to **arteriosclerosis**

Due to **chronic nephritis** year.

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **131 P**

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?

23. Signature **Dr. John O. Spencer** (M. D. or other)

Address _____ Date signed _____

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

B. H. P. Cashman

Licensed Embalmer No. *2244*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Missouri

State File No.

County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3754

On this 10th day of December, 1941, before me appears.....

Mrs. Delaware Estabrook, who, upon her oath, states that the original record of ~~birth~~
for Cyrus A. Slater, died ~~born~~ October 5, 1941, 19....., in the State of
Missouri, and which was filed at Kansas City, Mo. on 10-7-41, 19....., should be corrected as follows:

Item No. 8 should read Congleton, Cheshire, England

Instead of Cheshire, England

Item No. 13 should read Henbury, Cheshire, England

Instead of Gawsworth, England

Item No. 14 should read Emily Rothery

Instead of Emily Rothary

Item No. 15 should read Congleton, Cheshire, England

Instead of England

Item No. 16-a should read Mrs. Delaware Estabrook

Instead of Mrs. Delaware Esterbrook

Item No. 17-c should read Brooking Cemetery

Instead of Brookings

Item No. 20 should read 5:30 P.M.

Instead of 6:30 P.M.

Item No. 7 should read Nov. 22, 1859 instead of Nov. 21, 1859

~~instead of~~ 8 Age - 81-10-13 instead of 81-10-14

6-c Age of wife 78 instead of 73

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Delaware Estabrook Daughter
Relationship.

4409 Scarritt, Kansas City, Missouri

Present Address.

Subscribed and sworn to before me this 10th day of December, 1941.

My Commission expires 9-27-43
Margaret M. Crowe Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

33822