

FILED DEC 22 1943

Primary Registration District No. 1002

Registrar's No. 5233

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

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:
General Hospital
(If not in hospital or institution, write street address of location)
 (d) Length of stay: In hospital or institution #40687 4hrs
 In this community 25years (Specify whether 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. 3335 Wabash
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

3. (a) PRINT FULL NAME LEWIS B. SLOTHOWER
 3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 8th
 year 1943 hour '8 minute P M.

4. Sex Male 5. Color or race wh
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased: Nov 15th 1943/1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19
 that I last saw him alive on 19
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>23</u>	<u>hr. min.</u>

Immediate cause of death: Soft myocardium and atherosclerosis
 Due to Arteriosclerosis of the heart
 Due to Arteriosclerosis of the heart
 Other conditions: 170 lb
(Include pregnancy within 3 months of death)

9. Birthplace Wisconsin
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Major findings: 170 lb
 Of operations 21
 Of autopsy See above
 PHYSICIAN 8
 Underline the cause to which death should be charged statistically.

11. Industry or business
 12. Name John Slothower
 13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)
 14. Maiden name Ester Miller
 15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Emma J. Slothower
 (b) Address 3335 Wabash
 17. (a) Burial (b) Date thereof Dec 11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lamar Missouri

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 123
 (b) Date of occurrence 12-18-43
 (c) Where did injury occur? 34th & Prospect, Kansas City
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work Yes (Specify type of place) Street
 (e) Means of injury Motor car
 23. Signature [Signature] 3 (Date received local registrar) 12-11-43
 Address [Address] Date filed 12-11-43

18. (a) Signature of funeral director Eylar Funeral Home
 (b) Address 1800 Linwood
 19. (a) 12-11-43 (b) D. E. Brewer
(Date received local registrar) (Registrar's signature)

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.