

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED FEB 18 1944
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **568**

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:
5840 SWOPE PARKWAY 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **45 YEARS**
years, months or days

3. (a) PRINT FULL NAME **MR EDWIN MOORE SLACK**

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

3. (c) Social Security No. **488-22-0930**

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **MRS. EVALEE SLACK**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **APRIL 7 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	9	25	_____ hr. _____ min.

9. Birthplace **INDEPENDENCE MISSOURIO**
(City, town, or county) (State or foreign country)

10. Usual occupation **BANK TELLER, clerk**

11. Industry or business **PIONEER TRUST COMPANY**

12. Name **A. T. SLACK**

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

14. Maiden name **MARIA MOORE**

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

16. (a) Informant **Mrs. EvaLee Slack**

(b) Address **5840 Swope Pkway**

17. (a) **BURIAL** (b) Date thereof **2-3-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. WASHINGTON CEM.**

18. (a) Signature of funeral director **D. W. Newcomer**

(b) Address **1401 BROSCH GREEN BLVD.**

19. (a) **2-3-1944** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **5840 SWOPE PARKWAY**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **2ND**
year **1944** hour **5** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Sept 10th**, 19**43**, to **2/1**, 19**44**
that I last saw him alive on **2/1**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to **arteriosclerosis**

Due to _____

Other conditions **Chronic Heart**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **930**

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 **0**

23. Signature **Dr. T. E. Brown** (M. D. or other)
Address **900 Rielle Bldg** Date signed **2/2/44**

W. J. ...
Rialto Bldg 9th Floor

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.....

H. C. Newcomer Jr.

Licensed Embalmer No. *4045*

P. O. Address *A. 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.