

No. 2
12-45
-17-39
X47070

FILED DEC 9 1946
Registration District No. **177**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
719 Cambridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11** (Specify whether
years, months or days) **50 yrs**

3. (a) PRINT FULL NAME **HOWARD FRANKLIN SLATER, Sr.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-05-4438**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Nastav S later** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **1/2/1894**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 10 26 hr. min.

9. Birthplace **Princeton, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Steel Worker**

11. Industry or business **S heffield Steel Corp.**

12. Name **Al Slater**

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

14. Maiden name **Ida Goodman**

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

16. (a) Informant **Mrs. Anna Slater**

(b) Address **719 Cambridge, K. C. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/30/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood cemetery**

18. (a) Signature of funeral director **John P. Sheil**

(b) Address **K. C. Mo.**

19. (a) **11-29-46** (Date received local registrar) (b) **Geraldine Holman** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson** **48**
(c) City or town **Kansas City, Mo.** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **719 Cambridge** **8**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **28**
year **1946** hour **11** minute **30** P. M.

21. I hereby certify that I attended the deceased from **April 8, 1946** to **11/28, 1946**
that I last saw him alive on **11/27, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary lesion** Duration **197**
Due to **Coronary stenosis** **297**

Due to
Other conditions **46 b**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Coronary stenosis & lesion**
Of autopsy
PHYSICIAN
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

23. Signature **J. J. [Signature]** (M. D. or other) **M.D.**
Address **907 Rialto** Date signed **11/29/46**

Dr. J. A. Tesson
R Jalto, Bldg.,
after 1.30

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 John P. Schiel
Licensed Embalmer No. 3625
P. O. Address K T 9th

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.