7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1328

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 330

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: 4143 MONTGALL AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - - - (Specify whether years, months or days)

In this community: 15 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON 48

(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No.: 4143 MONTGALL AVENUE
(If rural, give location)

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

If yes, name country: - - - - - -

3. (a) PRINT FULL NAME: ELLA WATKINS SLATON

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: MRS. JESSE LEE SLATON

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

7. Birth date of deceased: JANUARY (Month) 5 (Day) 1883 (Year)

8. AGE: Years 65 Months 0 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace: WARDSVILLE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: - - - - - -

FATHER
12. Name: JOHN HARRISON
13. Birthplace: UNKNOWN (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant: MR. JOHN R. SLATON

(b) Address: 4143 MONTGALL AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN. 26. 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: MT. MORIAH CEMETERY

18. (a) Signature of funeral director: A. H. Newcomer Sons

(b) Address: 1401 - BRUSH CREEK BLVD.

19. (a) 1-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 23 year 1948 hour 4 minute 30A M.

21. I hereby certify that I attended the deceased from Oct 10th 1947, to 1/23 1948; that I last saw her alive on 1/20 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Coronary Disease	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: 940

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Hollis S. Thomas (M. D. or coroner)

Address: 926 Nu Gee. K.C. Mo Date signed: 1/23/48.

(Licensed Embalmer's Statement on Reverse Side)

Thornton & Minor Clinic
926 Mo Ave Street

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.