

No. 300  
M-10-47  
v. 5-17-39  
I 3906

FILED SEP 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3340

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution St. Luke's Hospital  
(d) Length of stay: In hospital or institution 2 da 5 hr 43 min  
In this community 2 da 5 hrs 43 min

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte  
(c) City or town Kansas City  
(d) Street No. 111 So Adams  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John Edward Slater

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 8 3 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 2 5 hr 43 min

9. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Raymond Louis Slater

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

14. Maiden name Shirley Elizabeth Wickman

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

16. (a) Informant Mr. R. S. Slater

(b) Address 111 So Adams, K. C. Kans

17. (a) Cremation (b) Date thereof 8-7-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Luke's Hospital

18. (a) Signature of funeral director St. Luke's Hospital  
(b) Address 44th & Miller St. Perry, Mo

19. (a) 8-16-48 (b) Heraldine E. Galbreath  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1948 hour 8:43 minute A.M.

21. I hereby certify that I attended the deceased from 3:00 P.M. 8-3 1948, to 8:43 A.M. 8-5 1948 that I last saw him alive on 8-5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis, Rt. lung

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 157a

Major findings: Of operations \_\_\_\_\_

Of autopsy Cleft palate; atresia of trachea; valve hydrocephalus; trisomy 21

22. If death was due to external causes, fill in the following: 7 colon.

(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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address St. Luke's Hospital Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 August 1948

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**