

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8935

State File No. ....

FILED MAR 31 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1153

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>1925 Main Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		33180	
3. NAME OF DECEASED (Type or Print) <b>George</b>		a. (First) <b>George</b>	b. (Middle) <b>SLACK</b>
c. (Last) <b>SLACK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 13 54</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 22, 1875</b>
9. AGE (In years last birthday) <b>78</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Union Pacific RR</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New Hope, Pa.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Albert Slack</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha Poole</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Public Administrator</b>		ADDRESS <b>Jackson Co., Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis with pulmonary adenoma</b> b. <b>Chronic Frequentes</b> c. <b>Chronic septes e pyelites</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>6500</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec. 1952</b> to <b>3-13, 1954</b> , that I last saw the deceased alive on <b>3-13, 1954</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>D. M. Nigro</b>		23b. ADDRESS <b>1222 N. 1st</b>	
23c. DATE SIGNED <b>3-14-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>3-14-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wycombe</b>	
24d. LOCATION (City, town, or county) (State) <b>PA.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mellody-McGilley-Eylar</b>	
DATE REC'D BY LOCAL REG. <b>3-14-54</b>		REGISTRAR'S SIGNATURE <b>Genevieve Smith</b>	
ADDRESS <b>Jackson Co., Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mellody-McGilley-Eylar, Kansas City, Mo.</b>	

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

*R. Lee*

*7-10-2388*

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arthur E. Hook*

Licensed Embalmer No. *49*

P. O. Address *K C W*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.