

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5794
 Do not use this space.

1. PLACE OF DEATH **RECD MAR 14 1938**
 (a) County **JACKSON** Registration District No. **399**
 (b) Township _____ Primary Registration District No. **1002** Registered No. **860**
 (c) City **KANSAS CITY, MO** (d) Street No. **3907** **WOODLAND** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **GEORGE W. SLOAN 450**
 (a) Residence, No. **3907 WOODLAND** St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **FRANCES SLOAN**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**

7. AGE YEARS **about 69** MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **LATHER**

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILLINOIS**

FATHER 13. NAME **J. E. SLOAN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

MOTHER 15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT **MYRTLE HALL**
 (ADDRESS) **3700 MICHIGAN**

18. BURIAL, CREMATION, OR RESURRACTION PLACE **MT. MORIAH** DATE **2-21-38**

19. FUNERAL DIRECTOR **J. P. LOUIS FUNERAL HOME**
 (ADDRESS) **3400 WOODLAND**

20. FILED **2/21 1938** **W. A. Brown**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-19 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1 1934** to **2/19 1938**
 I last saw him alive on **2/19 1938**. Death is said to have occurred on the date stated above, at **3:15 A. M.**
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis
Intermittent
 Date of onset **12/1**

Other contributory causes of importance:
Cerebral hemorrhage
Hypertension

Name of operation **none** Date of _____
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify _____
 (Signed) **J. P. Denny**, M. D.
 (Address) **311 Angler St**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

Dr. Ramsey

Reg. No. VI. 1572

4937 Street HI. 5936

STATEMENT BY LICENSED EMBALMER

I, *Betham Legan*, Licensed Embalmer No. *3979*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *myself*

 L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed *Betham Legan*
Licensed Embalmer No. *3979*

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.)