

REC'D APR 23 1938

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

9651  
Do not use this space.

1. PLACE OF DEATH  
(a) County JACKSON Registration District No. 399  
(b) Township KAW Primary Registration District No. 1002  
(c) City KANSAS CITY (d) Street No. 3604 Campbell Registered No. 1116  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 Mrs. Ostia F Sloan 450  
(a) Residence, No. 3604 Campbell 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 Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THOS. HOWARD SLOAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 6 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
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) WALLATIPO MO.

FATHER 13. NAME Daniel Gosnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Lucinda Poor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) HAROLD FREDERICK SLOAN 2109 WALROD

18. BURIAL, CREMATION, OR REMOVAL PLACE WALLATIPO, MO. DATE March 12, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. W. Newcomer Pres + Bush Creek

20. FILED Mar 11 1938 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw Deputy Coroner Death is said to have occurred on the date stated above, at 12 AM  
The principal cause of death and related causes of importance were as follows:

Cerebral Encephalomalacia  
Cerebral Atherosclerosis  
Date of onset 8-31

Other contributory causes of importance:

Name of operation Autopsy Date of 1938  
What test confirmed diagnosis? Autopsy Was there a copy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury 1938  
Where did injury occur? None (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?  
If so, specify  
(Signed) Russell W. Smith M. D.  
(Address) DeW

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.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed George M. Collier  
Licensed Embalmer No. 3839

**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.)**