LIC. DEC 13 1938

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

39146
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE 2 Registration District No. 318
(b) Township 1 Primary Registration District No. 2001 Registered No. 826
(c) City SPRINGFIELD (d) Street No. 2312 E. Garfield 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 450 Rev. EDWARD THOMAS SLOAN
(a) Residence, No. 2312 E. Garfield St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mattie M. Sloan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1854
7. AGE 1 YEARS 83 MONTHS 10 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Minister
9. Industry or business in which work was done, as saw mill, bank, etc. Baptist
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Mo.

FATHER
13. NAME Edward T. 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 (ADDRESS) Mattie M. Sloan 2312 E. Garfield Sp. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek DATE November 7, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. O. Thieme Springfield Mo.
20. FILED Nov 7, 1938 Chas. A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1938, to 11-4-, 1938
I last saw him alive on 10-30-30, 1938. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endartritis	60 day
Cirosis of blood vessels	ago
gangrene on lesser toe & back	

Other contributory causes of importance: 99
Senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) C. E. Feller, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Ralph Greene ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Ralph Greene

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.