

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.

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

41649
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Hart Primary Registration District No. 1002
 (c) City Meramec (d) Street No. Memorial Hospital Registered No. 4715
 (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

(a) Residence, No. 1116 Forest 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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22 1938</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>12</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		<u>none</u>
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) <u>Kansas City Mo</u>		
FATHER	13. NAME <u>Marshal E. Sloan</u>	<u>0</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	<u>9</u>
MOTHER	15. MAIDEN NAME <u>Dorothy Adams</u>	<u>0</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Windsor, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. C. W. Adams</u> <u>Chilhowee, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chilhowee Mo</u> DATE <u>12/6 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mike McClure</u> <u>700 E. Mo</u>		
20. FILED <u>Dec 4 1938</u> <u>Dr. J. H. Crowe</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1938

22. I HEREBY CERTIFY That I attended deceased from Nov. 22 1938, to Dec. 3 1938
 I last saw him alive on Dec. 3 1938 Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:

<u>Prematurity (1 month)</u>	Date of onset <u>11.22.38</u>
<u>Toxemia of pregnancy</u>	
<u>Hemorrhagic disease of newborn</u>	<u>12.3.38</u>

Other contributory causes of importance:

Name of operation none Date of
 What test confirmed diagnosis Placental infarct 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) Harry C. Lantz, M. D.
 (Address) 1103 Grand
St. Louis

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES

14: 7788 3610.69

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, above space should be left blank.