

U.S. No. 2
M-11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9825
1259

State File No. _____
Registrar's No. _____

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6618 East 16th Street
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution. 2
In this community 60 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6618 East 16th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mr. Grow G. Sloan 450
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20th
year 1940 hour 10 minute 30 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mrs. Ida Mae Sloan
(c) Age of husband or wife if alive 60 years
7. Birth date of deceased February 14 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 8
1940, to March 20, 1940
that I last saw him alive on Mar 20, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 1 6 hr. _____ min.

Immediate cause of death
Hypostatic pneumonia 4 days

9. Birthplace Winfield Kansas
(City, town, or county) (State or foreign country)

Due to myocardial degeneration

10. Usual occupation Carpet Layer

Due to paralysis agitans

11. Industry or business Robt. Keith Furn. & Carpet Co.

Other conditions (Include pregnancy within 3 months of death) 920

MOTHER FATHER { 12. Name Crawford M. Sloan
13. Birthplace Monroe County Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 14. Maiden name Eliza Duncan
15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Donald Sloan
(b) Address 1412 Lawn

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof March 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director O. H. Newcomer's Son
(b) Address 1401 Brush Creek Blvd.
19. (a) Mch 21, 1940 M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury 3
23. Signature Olof Salomon (M. D. or other) D.O.
Address 2835 Benton Date signed 3/20/40

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

2835 Benton Blvd.
3:30-5:45

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.....

R. C. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address R. C. Mo.

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.