No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14046

Registration District No. 399 — 1 OCT MAY 15 1940

Primary Registration District No. 1002

Registrar's No. 1758

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: 2319 E. 60 St. (Convalescent Home) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 22 Yrs. 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. 7218 Highland (If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME Mr. Silas Bell Sloan 457

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Nettie E. Sloan

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 3 (Day) 1874 (Year)

8. AGE: Years 66 Months 0 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Kidder (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Grocer

11. Industry or business

FATHER
12. Name Jerry Bell Sloan
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hinds
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant J. Lake Sloan

(b) Address 1614 Blue Ridge Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 26, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton, Missouri

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) April 25, 1940 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1940 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from Apr. 18, 1940, to April 23, 1940; that I last saw h..... alive on April 23, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	5 days
Due to	
Due to	
Other conditions: Pyelo-Nephritis, Chronic (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(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? (Specify type of place)

While at work? (e) Means of injury

361

23. Signature R. A. Williams (M. D. or other)

Address 5400 St John Av Date signed 4/25/40

K.C. MO

(Licensed Embalmer's Statement on Reverse Side)

2:30-6:30

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 Kenneth Page Sipe

Licensed Embalmer No. 4128

P. O. Address 1309 Brush Creek K.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.