

FILED JUL 15 1940

Primary Registration District No. 5350

Registrar's No. 5250

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

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Jameson—Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Daviess
(c) City or town Jameson Rural
(If outside city or town limit, write "RURAL")
(d) Street No. 3 miles S.E.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Rebecca Jane Sloan 450

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex fe. 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Geo. W. Sloan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29, 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Daviess Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name Andrew Scott
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Anne Brown
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Wiles
(b) Address Gallatin Mo.

17. (a) burial (b) Date thereof 6/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scotland Cem.

18. (a) Signature of funeral director _____

(b) Address Gallatin Mo.

19. (a) June 15, 1940 (b) Ava Pugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1940 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from 4-10-40 to 5-17-40, 1940

that I last saw her alive on 5-17-40 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of heart

Due to Hypertension
Due to 1510

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

Major findings: Of operations _____
Of autopsy _____

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? 850

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Edward Jensen MD (M.D. or other) _____
Address Gallatin Mo Date signed 6/15/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 11;

District File Number 740-1118

Date Filed Jul 5 1947

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

M. J. Jones

Licensed Embalmer No.

3453

P. O. Address

Locust Hill

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.