

REG. SEC. 23.1940-19  
Registration District No. **19**

Primary Registration District No. **4267**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **LACLEDE**  
(b) City or town **LEBANON**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **5TH & TAYLOR** **2**  
(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 Mo. 24 Days**  
years, months or days)

3. (a) PRINT FULL NAME **JOAN MARIE Sloop 410**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **MAR 2 1940**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months **5** Days **24** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **LEBANON MO 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **ALDRA Sloop** **1**

13. Birthplace **LOANSFORT IND**  
(City, town, or county) (State or foreign country)

14. Maiden name **LIZA LYNCH**

15. Birthplace **LACLEDE MO 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Aldra Sloop**

(b) Address **LEBANON MO**

17. (a) **BURIAL** (b) Date thereof **Aug 27 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dobson**

18. (a) Signature of funeral director **PALMER'S Home**

(b) Address **LEBANON MO**

19. (a) **8-27-1940** (b) **Jam McQuib**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **LACLEDE**  
(c) City or town **LEBANON**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5TH & TAYLOR**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **26**  
year **1940** hour **12** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **10:15 AM**  
**Aug, 26**, 19**40**, to **Aug 26**, 19**40**;  
that I last saw her alive on **Aug 26**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Bronchial pneumonia** Duration **2 days**

Due to \_\_\_\_\_

Due to **diarrhoea & mal-nutrition.** **3 weeks**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **11/12** PHYSICIAN \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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? \_\_\_\_\_

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

23. Signature **James L. Hope, M.D.** (M. D. or other) **1**

Address **Lebanon, Mo.** Date signed \_\_\_\_\_

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.

RECEIVED  
District Health Officer No. 7,  
District File Number 9-40-1320  
Date Filed 9-16-40

**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. Palmer*  
Licensed Embalmer No. 1161  
P. O. Address *Lebanon 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.