S. No. 2
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5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6388

Registration District No. 89

Primary Registration District No. 5-1-31-4053

Registrar's No. 104

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

2
0
0

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Harviell, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Harviell, Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Lillian Viola Sloan

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased June (Month) 28 (Day) 1926 (Year)

8. AGE: Years 14 Months 7 Days 30 If less than one day ____ hr. ____ min.

9. Birthplace Neelyvillem Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Schoolgirl

11. Industry or business ____

FATHER
12. Name Marion F. Sloan
13. Birthplace Wayne City (City, town, or county) / Illinois (State or foreign country)

MOTHER
14. Maiden name Pearl E. Hallmark
15. Birthplace Newport (City, town, or county) / Arkansas (State or foreign country)

16. (a) Informant M. F. Sloan
(b) Address Harviell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bay Springs Cemetery

18. (a) Signature of funeral director Greer - Croy Funeral Se
(b) Address Poplar Bluff, Missouri

19. (a) 3/3/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27
year 1941 hour 10:00 minute 10 P M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fire	
Due to Burned to death	
Due to Accident	
Other conditions (Include pregnancy within 3 months of death)	
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 February 27, 1941
(c) Where did injury occur? Harviell, (City or town) Butler, (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) 012
While at work? ____ (e) Means of injury 3

23. Signature Alfred W. Greer (~~M. D. or~~ other) Coroner
Address ____ Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

150-1
13

Conflagration -

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 .....

Body Not Embalmed ....., 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.