

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11073

State File No. \_\_\_\_\_

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town DeSoto  
(c) Name of hospital or institution: Fifth and Essex  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 65 Years / (Specify whether years, months or days)

8. (a) PRINT FULL NAME Edward George Sloan.

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

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Couch 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct. 24 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired Blacksmith Helper

11. Industry or business

12. Name John Sloan

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Sullivan

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward G. Sloan

(b) Address DeSoto - Mo.

17. (a) Burial (b) Date thereof April 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ware, Mo.

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 4/4/41 (b) Matthe Woods  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50  
(c) City or town Fifth and Essex 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. DeSoto  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1941 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from March 22, 1941 to April 1, 1941;  
that I last saw him alive on March 22, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: arterio-sclerotic heart disease

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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

(a) Accident, suicide, or homicide (specify) no

(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?

383 (Specify type of place) While at work? no (e) Means of injury

23. Signature Earl V. Probst (M. D. or other) 11  
Address Edgemoor, DeSoto, Mo. Date signed 4/2/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 *Joe Mathershead*  
Licensed Embalmer No. *3531*  
P. O. Address *Esoto 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.**