

FILED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 85689

Registration District No. 631

Primary Registration District No. 5823

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon  
(b) City or town Koshkonong Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon  
(c) City or town Koshkonong Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Delbert Sloan

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

4. Sex Male 5. Color or race White 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 Nov. 22 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 9 10 hr. min.

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

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

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

MOTHER FATHER { 12. Name Floyd G. Sloan  
13. Birthplace Howell County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Iva Simpson  
15. Birthplace Fulton County Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd G. Sloan  
(b) Address Koshkonong, Mo.  
17. (a) Burial (b) Date thereof 9/4/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Walker Cem.

18. (a) Signature of funeral director Leo Carr  
(b) Address Thayer, Mo.

19. (a) Oct 30 1941 (b) George H. Hoessle  
(Date received local registrar) (Registrar's signature)

937 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2  
year 1941 hour 11:00 minute A. 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.

Immediate cause of death Internal injury

Due to fall from high chair in home

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

Other conditions 1/6/18  
(Include pregnancy within 3 months of death)

Major findings: Of operations Internal Hemorrhage

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

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

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Sept. 2, 1941  
(c) Where did injury occur? Home  
(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 Leo Carr (M.D. or other)  
Address Thayer, Mo. Date signed 10/14/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

30

NOV 2 1945

RECEIVED

District Health Officer No. 5,

District File Number 10412044

Date Filed \_\_\_\_\_

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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.....

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, fact should be so stated above.**