

FILED MAR 16 1942
Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH

(a) County **Jackson Kansas City**
(b) City or town _____
(c) Name of hospital or institution **St Marys**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 DAYS**
In this community **16 DAYS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Missouri**
(c) City or town **Fontana**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **21**

3. (a) PRINT FULL NAME **Gilbert Hickland Sloan**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **702-07-0581**

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

6. (b) Name of husband or wife **Myrtle Sloan** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **June 30 1877**
(Month) (Day) (Year)

8. AGE: Years **64** Months **8** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Olathe Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Agent - Tel. Operator**

11. Industry or business **Frisco Ry.**

12. Name **M. I. Sloan**

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

14. Maiden name **Anna Rooney**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myrtle W. Sloan**
(b) Address **Fontana Kas.**

17. (a) **Burial** (b) Date thereof **3-11-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Olathe Kas.**
18. (a) Signature of funeral director **H. E. Jensen**
(b) Address **Olathe Kas.**

19. (a) **3-10-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**
year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **2/24/42**
_____ 19____ to **3/8** 19**42**
that I last saw him alive on **3/8** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Myocardial Degeneration** **hw 41**

Due to _____ **935**

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration
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 _____

(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?
_____ (Specify type of place)

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

23. Signature **Junior R. Mevey** (M. D. or other) _____
Address **507 Porter Bldg** Date signed **3/4/42**

Call APR 22 1989

APR 8 1989

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 H.E. Julien

Licensed Embalmer No. 2042

P. O. Address Olathe Kas.

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Kansas
County of Miami } SS.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 18th day of April, 1942, before me appears Myrtle W. Sloan, who, upon this oath, states that the original record of ^{birth} death for Gilbert Hickland Sloan, died March 8, 1942, in the State of Missouri, and which was filed at April 8 on April 8, 1942, should be corrected as follows:

Item No. should read

Instead of Myrtle Sloan

Item No. should read Myrtle W. Sloan

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Myrtle W Sloan wife Relationship.

Fontana Kan
Present Address.

Subscribed and sworn to before me this 18th day of April, 1942

My Commission expires April 26 - 44 Rosa Van De Walle Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

APR 22 1942

S-5631