

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

FILED MAY 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14804

Registration District No. 477

Primary Registration District No. 4286

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton, Mo.
(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:
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(d) Street No. 501 3rd Street
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Virgil Armine Sloan

3. (b) If veteran, name war none
3. (c) Social Security No. 496-12-6192

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

6. (b) Name of husband or wife Luella Jobe
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August 11, 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 24
If less than one day hr. min.

9. Birthplace Adams Co., Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Fisherman

11. Industry or business

12. Name Levi Sloan
13. Birthplace Unknown, France
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth March
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luella Sloan

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof Apr 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation
18. (a) Signature of funeral director

(b) Address Canton, Mo.
19. (a) 4/8/42 (b) P.W. Jennings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1942 hour 7 minute 30 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.

Immediate cause of death
Due to Heart Failure

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury
23. Signature W.D. Kelly
Address Canton, Mo. Date signed 4-6-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 11 1942

RECEIVED

District Health Officer No. 10

District File Number 542-933

Date Filed MAY 8 1942

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

Earl H. Burkley

Licensed Embalmer No.

2615

P. O. Address

Centur, 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, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 14804

Registration District No. 477

Primary Registration District No. 4286

Registrar's No.

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton
(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
In this community years, months or days days

3. (a) PRINT FULL NAME Virgil A. Sloan

3. (b) If veteran, name war. 3. (c) Social Security No. 496-12-6192

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Aug-11-1870
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 14 If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lewis
(c) City or town Canton
(If outside city or town limits, write "RURAL")
(d) Street No. So. 3rd St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 30 Year 1942 hour 3:30 P.M. minute

21. I hereby certify that I attended the deceased from 9:00 A.M. to 9:00 P.M. that I last saw him alive on 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic Myocarditis

Due to Aortic Myocarditis

Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations

Of autopsy

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? (e) Means of injury

23. Signature (M. D. or other) Address Date signed

SUPPLEMENTARY

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Handwritten text, possibly a signature or name, located in the lower-left quadrant of the page. The text is written in a cursive or script style and is partially obscured by a diagonal line.