

S. No. 2
A-5-42
5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23604

State File No.

FILED AUG 17 1942

Registration District No. Primary Registration District No. 1007 Registrar's No. 2943

48
899
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3700 Michigan Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 53 Years
In this community 53 Years
years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3700 Michigan Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINTED FULL NAME Mrs. Celia Ann Sloan
(b) If veteran, name war No (c) Social Security No. none
4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband Mr. James Eli Sloan
(c) Age of husband or wife if alive 14 1849
7. Birth date of deceased October 14 1849
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 3rd
year 1942 hour 5 minute 35 P. M.
21. I hereby certify that I attended the deceased from 8-1-42
to 8-3-42
that I last saw her alive on 8-3-42
and that death occurred on the date and hour stated above.

8. AGE: Years 92 Months 9 Days 20
If less than one day hr. min.
9. Birthplace Elliottstown Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Immediate cause of death General debility
Cholecystitis
Due to Cholecystitis
Due to 12701
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ✓
Of autopsy ✓

MOTHER FATHER
11. Industry or business ---
12. Name George W. Baty
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Eliot
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. J. Progge
(b) Address 3126 Charlotte
17. (a) Burial (b) Date thereof August 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hill Mt. Moriah Cemetery
18. (a) Signature of funeral director O. N. Newcomer, Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 8-4-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (c) Means of injury
23. Signature Walter Helmer (M. D. or other)
Address 1132 Proprietor Date signed 8/4/42

1133 Professional Bldg.
10.30.17, 1-3

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address Ke m.

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.