

FILED NOV 14 1942

Registration District No. 12

Primary Registration District No. 4058

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Harviell
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Marion Franklin Sloan

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

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

6. (b) Name of husband or wife Pearlie Sloan
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jan. 1, 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace Moners Wayne City Ark. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Timber buyer

11. Industry or business _____

12. Name William Sloan

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

14. Maiden name Nancy Bates

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

16. (a) Informant Pearlie Sloan

(b) Address Harviell, Mo.

17. (a) Burial (b) Date thereof 9/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cochren Cema.

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo.

19. (a) 10-30-42 (b) Belle Kune
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1942 hour 8:42 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 11 to Sept 11
1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

Due to _____

Due to _____

Other conditions 1246
(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? _____

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

23. Signature J J Jan (M. D. or other) _____

Address Harviell Date signed 9/14/42

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

12
0
0

RECEIVED
District Health Office No. 2,
District File Number 1142-1423
Date Filed 11-9-42

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 S. C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.