

FILED JUN 4 1943

Registration District No. **2**

Primary Registration District No. **3007**

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

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Poplar Bluff**

(c) Name of hospital or institution **Brandon Hospital**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**

In this community **2 days**

3. (a) PRINT FULL NAME **Arthur Clay 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 **19** years **1878**

7. Birth date of deceased **October 19 1878**

8. AGE: Years **66** Months **6** Days **22**

If less than one day hr. min.

9. Birthplace **Williamsville, Missouri**

(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Henry Sloan**

13. Birthplace **Williamsville, Missouri**

14. Maiden name **Emma Smith**

15. Birthplace **Pocahontas, Arkansas**

16. (a) Informant **Katherine Jericho**

(b) Address **Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **May 13, 1943**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chilton Cemetery Wayne County**

18. (a) Signature of funeral director **National Funeral Home**

(b) Address **Greenville, Missouri**

19. (a) **5-15-43** (b) **Pelle Anne**

(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wayne**

(c) City or town **Rural**

(If outside city or town limits, write "RURAL")

(d) Street No. **Williamsville, Mo. Rt. #1**

(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11**

year **1943** hour **5** minute **30** P.M.

21. I hereby certify that I attended the deceased from **May 10**, 19**43**, to **May 11**, 19**43**

that I last saw him alive on **May 11**, 19**43**

and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia Lobar**

Due to **Chronic Bronchitis**

Other conditions **108**

(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? (City or town) (County) (State)

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

23. Signature **[Signature]** (M. D. or other)

Address **Poplar Bluff, Mo.** Date signed **5-14-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 643-712

Date Filed 6-1-43

STATEMENT BY LICENSED EMBALMER

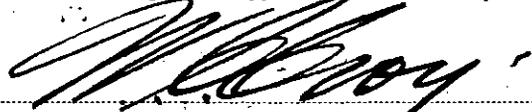
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

L.V. Adamson

Registered Apprentice No. 349

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.