

WHILE FADING, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED OCT 13 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32697
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 324
(b) Township Marshall Primary Registration District No. 324
(c) City Marshall (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. George Linder Sloan St. _____
Cape Girardeau Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22 - 1925</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>18</u>	<u>18</u>	<u>7</u>	<u>24</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Patrol State School</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo.</u>			
	13. NAME <u>George Sloan</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>			
	15. MAIDEN NAME <u>Genevieve Masters</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cairo, Illinois</u>				
17. INFORMANT (ADDRESS) <u>Mo. State School Records</u> <u>Marshall Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Be Removal</u> DATE <u>Sept 17, 43</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Short Funeral Home</u> <u>Marshall, Mo.</u>				
20. FILED <u>9/17</u> 19 <u>43</u> <u>Mo. T. O. Westbrook</u> <u>Local Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1943

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 to Sept 16, 1943
I last saw him alive on Sept 16, 1943. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
Obstructive Jaundice
Date of onset July 1

Other contributory causes of importance: epilepsy 12 7 43

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) L. S. James, M. D.
(Address) Marshall, Mo.

1311

RECEIVED

District Health Office, No. 3,

District File Number

Date Filed

10-10-43

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

Registered Apprentice No. _____, working under my personal supervision.

Signed

Donald W. Short

Licensed Embalmer No.

3757

P. O. Address

Marshall

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, above space should be left blank.