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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4185

Registration District No. 346 Primary Registration District No. 4461 Registrar's No. 41

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bismarck
(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 (Specify whether years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED: 94
(a) State Missouri (b) County St. Francois /
(c) City or town Bismarck 0
(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 0

3. (a) PRINT FULL NAME David Edward Sloan
3. (b) If veteran, name war no
3. (c) Social Security No. none
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 years
7. Birth date of deceased January (Month) 4 (Day) 1944 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	14	hr. min.

9. Birthplace Bismarck (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation none
11. Industry or business
FATHER
12. Name William A. Sloan
13. Birthplace Graniteville (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Ada Popp
15. Birthplace Altonburgh (City, town, or county) Illinois (State or foreign country) /
16. (a) Informant W. A. Sloan
(b) Address Bismarck Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bismarck Missouri
18. (a) Signature of funeral director Norman White & Sons
(b) Address A. J. White Bismarck Missouri
19. (a) JAN. 21, 1944 (Date received local registrar) (b) Byadie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18 year 1944 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 18, 1944, to Jan. 18, 1944; that I last saw him alive on Jan. 18, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial pneumonia, acute	3 days.
Due to Acute rhino-pharyngitis	1 wk.
Due to	
Other conditions Enlarged thymus gland (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Ben M. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 1-19-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 244-3303

Date Filed 2-7-44

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 Was not embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Groton Mass.

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.