DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19264

FILED JUN 12 1944

Registration District No. [illegible]

Primary Registration District No. 3094

Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston General Hospital
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether in this community, years, months or days) One Day

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

3. (a) PRINT FULL NAME Lydia Imogene Sloan
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Earl Sloan
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased 6 (Month) 11 (Day) 1924 (Year)

8. AGE: Years 19 Months 9 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Morehouse (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Bryan Ozee
13. Birthplace Bloomstown (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Lillian Kitchen
15. Birthplace Portageville (City, town, or county) Mo (State or foreign country)
16. (a) Informant Bryan Ozee
(b) Address Morehouse Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 10 (Day) 44 (Year)
(c) Place: burial or cremation Sikeston Mo
18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston Mo
19. (a) 5/18/44 (Date received local registrar) (b) Lanie Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8 year 1944 hour 4 minute 55 A.M.
21. I hereby certify that I attended the deceased from 4-6, 1944 to 4-8, 1944; that I last saw her alive on 4-8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Appendicitis — Duration 2 days

Due to

Due to

Other conditions (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

23. Signature J. M. Jarno M.D. (M. D. or other)
Address Morehouse Mo Date signed 4-8-44

1318

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 1946

RECEIVED
District Health Office No
District File Number 644-2
Date Filed 6-8-4

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

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Sexton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.