

Registration District No. 87

Primary Registration District No. 5324-1150

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawson  
(b) City or town Bourbon  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME PAUL HENRY SLOSS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 491-18-1773

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

6. (b) Name of husband or wife Wanda Coffman 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Aug. - 17 - 1920  
(Month) (Day) (Year)

8. AGE: Years 23 Months 7 Days 29 If less than one day hr. min.

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

10. Usual occupation R.R. operator

11. Industry or business \_\_\_\_\_

12. Name Henry L. Sloss

13. Birthplace Mo. Potosi  
(City, town, or county) (State or foreign country)

14. Maiden name Wanda Jackson

15. Birthplace Mo. Potosi  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry L. Sloss

(b) Address Bourbon Mo

17. (a) Burial (b) Date thereof 6-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan Mo

18. (a) Signature of funeral director Albert Gandy

(b) Address Bourbon Mo

19. (a) June 18, 44 (b) W. Adams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawson  
(c) City or town Bourbon "RURAL"  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1944 hour 10 minute 41 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death accidental death, struck by train

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 16 9 8 30

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) accident 021

(b) Date of occurrence June 16, 1944

(c) Where did injury occur? Near Bourbon Mo  
(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 W. Adams (M. D. or other) Wanda Coffman

Address Stellin Mo Date signed 6/9/44

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

28030

FEB 8 1945

FEB 7 1945

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 Albert E. Long

Licensed Embalmer No. 3504

P. O. Address Bourbon 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.