

**FILED FEB 11 1946**

Registration District No. 164

Primary Registration District No. 30-22-5601

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Rural Warrensburg Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Johnson Co. Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr.  
(Specify whether years, months or days)  
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Warrensburg, MO.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. John Sloan

3. (b) If veteran, name war no  
3. (c) Social Security No. 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 \_\_\_\_\_ years

7. Birth date of deceased March, 30, 1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 29  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Johnson Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name J. W. Sloan

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

14. Maiden name Mary Kennedy  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ward Hathaway  
(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Jan. 22, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips  
(b) Address Warrensburg, Mo.

19. (a) 1-21-46 Sarah C. Phillips  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1946 hour 5 minute 31 M.

21. I hereby certify that I attended the deceased from March 1  
1945 to Jan 19 1946;  
that I last saw him alive on Jan 15 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coroner of the Colon  
Duration 5 yrs.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none

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) none

(b) Date of occurrence none

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none

While at work? no (Specify type of place) (e) Means of injury none

23. Signature L. J. Phillips (M. D. or D.O.)  
Address Warrensburg, Mo. Date signed Jan 19-46

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

POST

FEB 18 1948

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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

*J. Earl Priest*

Licensed Embalmer No.

*3878*

P. O. Address.

*Warrensburg 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.**