

FILED AUG 3 1948

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 22

1. PLACE OF DEATH:
 (a) County Clinton
 (b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
316 N MAINE 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hr
(Specify whether years, months or days)

3. (a) PRINT FULL NAME INFANT SLOAN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced INFANT
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 23 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 0 min.

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

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER
 12. Name Melvin Dodson Sloan D
 13. Birthplace MIRABLE MISSOURI
(City, town, or county) (State or foreign country)
 14. Maiden name MARY ALICE STADE
 15. Birthplace CAMERON MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MELVIN D SLOAN
 (b) Address TURNKEY MISSOURI
 17. (a) BURIAL (b) Date thereof 7, 24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MIRABLE MISSOURI

18. (a) Signature of funeral director Galena Funeral Home
 (b) Address 222 West 39th Camm Missouri
 19. (a) 7-24-48 (b) Wimberly W. Noels
(Date received local registrar) (Registrar's signature) awc

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County CLINTON 25
 (c) City or town Turney (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 7 day 23
 year 1948 hour 10⁰⁰ minute A.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to 7-23- 1948
 that I last saw her alive on 7-23- 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death Premature labor Duration _____

Due to Death of twin in utero
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 159
 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? _____

23. Signature Melvin D Sloan (M. D. or other) D
 Address Cameron, Mo Date signed 7-23-48
(Specify type of place) (c) Means of injury 2
 While at work? _____

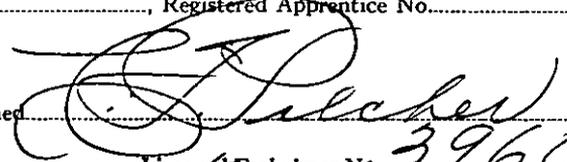
DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....



Licensed Embalmer No. 3960.....

P. O. Address.....
Maysville, Mo.

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.