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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29234

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron, Missouri
(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
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25
(c) City or town Cameron 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Earley Sloan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 0
5. Color or race W
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 November (Month) 23 (Day) 1887 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	7	23	hr. min.

9. Birthplace Polo (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Andrew Jackson Sloan 0
13. Birthplace Caldwell County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Fort
15. Birthplace Knoxville (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Miss. Gertude Sloan,
(b) Address Cameron, Missouri.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9--18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mirabile, Missouri
18. (a) Signature of funeral director Cramer Clark,
(b) Address Kingston, Missouri.
19. (a) 9-17-48 (Date received local registrar) (b) Winifred W. Moser 240 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16 year 48 hour 3:00 minute a M.
21. I hereby certify that I attended the deceased from 9-15-48 only, 19 , to 19 ; that I last saw him alive on 9-15-48 , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	10 min.
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8 3 B	
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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Cameron Mo. Date signed 9-17-48

(Licensed Embalmer's Statement on Reverse Side)

DEC 21 1949

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.....

.....t, Registered Apprentice No.....

working under my personal supervision.

Signed.....Cramer Clark

Licensed Embalmer No.....3257

P. O. Address.....Kingston, Me

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

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