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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 11 1948

Registration District No. 147

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36882

Registrar's No. 4776

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Vincents Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 19 ~~20~~ Days (Specify whether years, months or days)

In this community: 19 ~~20~~ Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City Mo (If outside city or town limits, write "RURAL")

(d) Street No.: 307 East 80th Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Claudia Lee Sloan

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: — — — years

7. Birth date of deceased: November (Month) 1st (Day) 1948 (Year)

8. AGE: Years: oOo Months: oOo Days: ~~20~~ 19 If less than one day: ___ hr. ___ min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: Baby

FATHER

12. Name: Claud LeRoy Sloan

13. Birthplace: Wilsonville (City, town, or county) Nebraska (State or foreign country)

MOTHER

14. Maiden name: Josephine Glaser

15. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Josephine Sloan

(b) Address: 307 East 80th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: France-Wornall

(b) Address: Kansas City Missouri

19. (a) 11-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 20 year 1948 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from 11-3-48 11-20- 1948, to 11-20-48, 19..., that I last saw her alive on 11-19-48, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity Atelectasis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 159	
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: Frank S. Hogue (M. D. or other)

Address: 515 Alameda Rd. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 Forest Donald Coldsnow, Registered Apprentice No. 225 working under my personal supervision.

Signed Russell N Franc

Licensed Embalmer No. 4255

P. O. Address K-C-Me

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.