REC'D DEC 22 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38752
Do not use this space.

1. PLACE OF DEATH
(a) County Caldwell
(b) Township Mirable
(c) City
Registration District No. 161
Primary Registration District No. 549
Registered No.
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FLORENCE SLOAN
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 16, 1938
7. AGE: YEARS | MONTHS | DAYS: I | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caldwell County Mirable Twp.

FATHER
13. NAME: Vern E, Sloan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caldwell County Mirable Twp.

MOTHER
15. MAIDEN NAME: Thelma Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caldwell County Mirable Twp.

17. INFORMANT (ADDRESS): Vern E. Sloan Cameron, Mo. R.F. D.

18. BURIAL, CREMATION, OR REMOVAL: Graceland Cem
PLACE Cameron, Mo. DATE Dec. 18, 1938

19. FUNERAL DIRECTOR (ADDRESS): O. A. Moore, Cameron, Mo.

20. FILED Dec 19 1938 Mrs. Ora Sloan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938, to Dec 17, 1938
I last saw her alive on Dec 17, 1938 Death is said to have occurred on the date stated above, at 7 pm
The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset

Other contributory causes of importance 154

Name of operation Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. O. Gilliland, M. D.
(Address) Cameron, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2. 50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, O A Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was not embalmed by O A Moore

L. E.

No. or by , Registered Apprentice No. ~~1180~~

working under my personal supervision.

Signed O A Moore

Licensed Embalmer No. 1180

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.)