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.

DEC'D JAN 23 1939

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

42683

Do not use this space.

1. PLACE OF DEATH

(a) County Cass — Registration District No. 159

(b) Township ~~Pleasant Hill~~ Polk — Primary Registration District No. 5224 — Registered No. 11

(c) City P — (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 Carl Allen 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1938

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
No	8	16	

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) Pleasant Hill Missouri

FATHER

13. NAME Patrick Sloan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Missouri

MOTHER

15. MAIDEN NAME Ruth Clawson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Missouri

17. INFORMANT (ADDRESS) Mrs. Patrick Sloan Pleasant Hill Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE P.H. Cemetery DATE 12/23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A.W. Brownfield Pleasant Hill, Missouri

20. FILED 12/30 1938 W. Beckman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1938, to Dec. 21, 1938

I last saw him alive on Dec 21, 1938. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset 12/19/38

Other contributory causes of importance: Cold

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? No

If so, specify .....

(Signed) L. J. Murray, M. D.

156 (Address) Pleasant Hill, Mo.

(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, ...

A.W. Brownfield, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed A.W. Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill, Mo.

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

If this body is not embalmed, above space should be left blank.