

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

18789  
Do not use this space.

1. PLACE OF DEATH (REG'D JUN 12 1939)  
 (a) County Howell Registration District No. 384  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4227 Registered No. \_\_\_\_\_  
 (c) City West Plains (d) Street No. Christa Heagan Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John I Sloan  
 (a) Residence, No. \_\_\_\_\_ St.  Thayer Mo. \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-16-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
36 - 11 - 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Oregon, Co. Mo.

FATHER 13. NAME Lewis Sloan  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon, Co. Mo.

MOTHER 15. MAIDEN NAME Mary E. Winn  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon, Co. Mo.

17. INFORMANT (ADDRESS) Mrs John I Sloan Thayer Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walker Cem DATE 5/30 19\_\_\_\_

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lee Carr Thayer Mo.

20. FILED 5-30 1939 Vida K SIMONS Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29-39

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1939, to 5-29, 1939  
 I last saw him... alive on 5-28-39, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Stroke  
Due to gunshot of liver & lung  
left side  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Home where prone  
lung

Name of operation Resectomy Date of 5/28/39  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 1/39

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Homicide Date of injury 5/28, 1939  
 Where did injury occur? Thayer Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury gunshot of liver  
 Nature of injury lung left side

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Resectomy, M. D.  
 (Signed) \_\_\_\_\_  
 (Address) Thayer Mo.

WRITE PERMANENT, WITH UNFADING INK--- THIS IS A PERMANENT RECORD

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.

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**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.....

P. O. Address.....

**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, above space should be left blank.**