

WRITE PLAINLY, 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.

7-28

NOV 14 1939

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

**34960**  
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, Registration District No. 399  
 (b) Township Kaw, Primary Registration District No. 1102  
 (c) City Kansas City, Mo. (d) Street No. 2944 East 30th St., Registered No. 39985  
 (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 Mary E. Sloan, St.   
 (a) Residence, No. 2944 East 30th 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) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 13, 1844,

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	94	9	28	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home.

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) Virginia,

FATHER

13. NAME John Settle,

14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Virginia,

MOTHER

15. MAIDEN NAME Unk. Miller,

16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Virginia,

17. INFORMANT Frank A. Sloan,  
 (ADDRESS) 2944 East 30th, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Union Cemetery, DATE 10-13 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure,  
 (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED 10-11 1939 mm  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1939, to 10/11/39, 19.....  
 I last saw her alive on 10/10/39, 19..... Death is said to have occurred on the date stated above, at 4:30 am  
 The principal cause of death and related causes of importance were as follows:  
Senility Date of onset .....

Other contributory causes of importance:  
fall causing multiple bruises & concussion of brain and Colly fracture humeri on 8/2/39 Date of 8/2/39  
 Name of operation sexipartur 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) R. Klapp M. D.  
 (Address) 1103 grand

Dr. R. R. Coffey,

Prof Bldg

V. 2208

12:30 - 5:00

**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. 1415 .....

P. O. Address Kansas City, Mo .....

**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.