

No. 2
-11-10-39
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DEC 12 1940

State File No.

Registration District No. 22

Primary Registration District No. 5031

Registrar's No. 17

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

1. PLACE OF DEATH: **Atchison**

(a) County **Atchison**

(b) City or town **Rural-Lincoln**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **Forty Three years** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Emaline Sloan**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Frank Sloan** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan, 28th, 1940**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	9	27	hr. _____ min.

9. Birthplace **Wisconsin**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name: **James Elliott**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Pulzer**

15. Birthplace **Wisconsin**
(City, town, or county) (State or foreign country)

16. (a) Informant **Will Heston**

(b) Address **Blanchard, Iowa**

17. (a) **Removal** (b) Date thereof **Nov, 26, 1940**
(Month) (Day) (Year)

(c) Place: burial or cremation **Near Clarinda Iowa**

18. (a) Signature of funeral director **Edward Pulzer**

(b) Address **Westboro, Missouri**

19. (a) **Nov 24** (b) **Atchison Mo**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Atchison**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Near Blanchard, Iowa**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **24th**
year **1940** hour **7.15** minute **PM** M.

21. I hereby certify that I attended the deceased from **Oct 15**
1940 to **Nov 24** **1940**
that I last saw her alive on **Nov 24** **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis of the Liver** Duration **2 years**

Due to _____
Due to _____
Other conditions **12/4/40**
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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 **Edward Pulzer** (M. D. or other) _____
Address **Boon, Iowa** Date signed **11-25-40**

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.....

Scott Tucker

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Scott Tucker

Licensed Embalmer No. ~~288~~ 2824

P. O. Address Westboro, 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.