

Registration District No. 275

Primary Registration District No. 5170B

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Rural Auglaize Twp. Mo.
(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 _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden
(c) City or town Rural Auglaize Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Wanda Lea Sloan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Oct 1 - 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 11 hr. min.

9. Birthplace Camden Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Raymond Sloan

13. Birthplace Crocker Mo
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Wright

15. Birthplace Millet Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Sloan

(b) Address Richland Mo.

17. (a) burial (b) Date thereof April 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silver Chapel Cemetery

18. (a) Signature of funeral director None

(b) Address _____
19. (a) 4-13-1941 (b) Mrs MacPort Meany
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 12, 1941
to April 12, 1941
that I last saw her alive on April 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Duration 2 days
Due to unknown

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy no
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? _____

While at work _____ (Specify type of place) (b) Means of injury _____

23. Signature Orutt A. Oliver (M. D. or other) 0
Address Richland Mo. Date signed 4.12.1941

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 5-41-756

Date Filed 5-5-41

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.