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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1944
Registration District No. 251

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25335
Registrar's No. 110

Primary Registration District No. 3048

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MARTIN Landrath hospital
(If not in hospital or institution, write street number or location) 10 day
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Lewis Elbert Sloan
3. (b) If veteran, name war no
3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henrietta Sloan 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased October 10, 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Nodaway County Missouri
(City, town, or county) (State or foreign country)
farmer

10. Usual occupation _____
11. Industry or business _____
12. Name James Lewis Sloan
13. Birthplace unknown Ill
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Livengoods
Nodaway Co. Mo.
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henrietta Sloan
(b) Address Burlington Jct. Mo,
burial
17. (a) _____ (b) Date thereof 7-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ohio Cemetery

18. (a) Signature of funeral director P. J. ...
(b) Address Maryville Mo
19. (a) July 20-44 (b) _____
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Burlington Jct. (Rural)
(If outside city or town limits, write "RURAL") 2 miles north
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 16
1944 year hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from JUNE 24, 1944 to JULY 16, 1944
that I last saw him alive on JULY 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
PULMONARY ABSCESS 10 Days

Due to LAPAROTOMY - PERFORATED
DUODENAL ULCER 22 Days.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
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) (e) Means of injury ?
23. Signature W. H. Landrath (M. D. or other) DO.
Address Maryville, Mo. Date signed 7-17-44

OCT 18 1956

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 Clin M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville 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, fact should be so stated above.