

FILED JAN 14 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1012

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Bolivar, Missouri R 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Barrett Thomas Sloan

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Maudie Taylor deceased 6. (c) Age of husband or wife if alive Dec 10 years
7. Birth date of deceased August 10, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Walnut Grove, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business retired

12. Name Jeremiah Nelson Sloan

13. Birthplace UNK, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lemmon

15. Birthplace UNK, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Sloan

(b) Address Walnut, Mo. R 1

17. (a) Rural (b) Date thereof Dec-10-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director Garret A Brown
(b) Address Walnut Grove, Missouri

19. (a) 12/10/1945 (b) B. W. Standley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1945 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 9 1945
that I last saw him alive on Dec 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arteremia

Due to Hypertrophy Prostate

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1370
Of autopsy.....

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 work) (e) Means of injury.....
23. Signature Rollis Smith (M. D. or other)
Address Marionville, Mo Date signed 12/14/45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 George B. Green
Licensed Embalmer No. 2664
P. O. Address Walnut Grove 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.