S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16346

State File No.

Primary Registration District No. 3000

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 416 S. Main St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether in this community years, months or days) 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

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

(d) Street No. 416 S. Main St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louisa Esther 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 Widow

6. (b) Name of husband or wife James

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

7. Birth date of deceased Dec. 20, (Month) (Day) 1865. (Year)

8. AGE: Years 81 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lewis Walters,
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Rachael Cook
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Phoebe Dodson,

(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Atlanta, Mo.

18. (a) Signature of funeral director Summers + Pourse

(b) Address Kirksville, Mo.

19. (a) 5-16-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3, year 1947. hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jany 1st, 1947 to May 3, 1947 that I last saw her alive on May 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis — Duration 5 day

Due to Previous Pneumonia with Valvular

Due to Heart Disease

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. Bleramblee (M. D. or other)

Address Kirksville Mo. Date signed 5-5-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-47-899
Date Filed MAY 28 1947

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 James J Taylor, Registered Apprentice No. 436, working under my personal supervision.

Signed W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Kirksville 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.