

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34348**

FILED OCT 24 '47

Registration District No. 4

Primary Registration District No. 5560

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Burnham
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 58 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell **46**
(c) City or town Burnham **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Rowland Boggess SLOAN

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

4. Sex Male 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 Dec. 29, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 5 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER

12. Name Alfred B. Sloan

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

14. Maiden name Mary Ann Railey

15. Birthplace Lawrenceburgh, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant A.M. Sloan,

(b) Address Piedmont, Kansas.

17. (a) Burial (b) Date thereof 10/5/47.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Epps Cemetery

18. (a) Signature of funeral director Burns Funeral Home

(b) Address Willow Springs, Missouri.

19. (a) 10/4/47 (b) Marshall Duff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4,
year 1947. hour 10:15 minute A.M.

21. I hereby certify that I attended the deceased from 10-1-47
to 10-4-1947;
that I last saw h IM alive on 10-3-1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 8 days

Due to _____
Due to _____

Other conditions Senility
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
108

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

22. If death was due to external causes, fill in the following:

(c) 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? 0

(Specify type of place) _____
Means of injury _____

23. Signature C.F. Callihan (M. D. XXX)
Address Willow Springs, Mo. Date signed 10/4/47

RECEIVED

District Health Officer No. 5,

District

Date Filed

104.2585

10-21-47

OCT 25 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.....

.....Fred W. Barnes....., Registered Apprentice No. 413......
working under my personal supervision.

Signed.....T. R. Burns.....

Licensed Embalmer No. 4214

P. O. Address.....Willow Springs, 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.