

No. 2
12-45
17-39
X47370

FILED FEB 16 1948

Registration District No. 46

Primary Registration District No. 5154

Registrar's No. _____

1. PLACE OF DEATH:

(a) County CALDWELL
(b) City or town MIRABLE - RURAL
(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 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME F. H. EL GOLDIE SLOAN N.

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 _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 29 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 3 If less than one day hr. min.

9. Birthplace HILL CITY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business Home

12. Name UNKNOWN

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

14. Maiden name RACHEL LEE

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

16. (a) Informant MRS. W. J. FARRELL

(b) Address CAMERON MO.

17. (a) BURIAL (b) Date thereof FEB 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRACELAND

18. (a) Signature of funeral director De MASS GRUNK

(b) Address CAMERON MO

19. (a) Feb 8 1948 (b) Gladys Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALDWELL
(c) City or town RURAL MIRABLE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 2
year 1948 hour 5 minute 7 P. M.

21. I hereby certify that I attended the deceased from May 1946 to Feb 29 1948
that I last saw her alive on Feb 29 1948
and that death occurred on the date and hour stated above

Immediate cause of death Generalized Peritonitis Duration 12 hrs.

Due to Perforation of Colon at Splenic Flexure.

Due to Adeno carcinoma of colon, liver, Stomach, and pelvic organs
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 46B

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 L

23. Signature [Signature] (M. D. or other) DO
Address CAMERON, MO. Date signed 2/4/48

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

3
0
0
0
0

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Harold L. Walker....., Registered Apprentice No. *21*
working under my personal supervision.

Signed.....*[Signature]*.....

Licensed Embalmer No. *2533*

P. O. Address *Cameron, 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.