

No. 2
12-45
-17-39
X47070

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

FILED FEB 9 1948

4099

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: **Cass**

(a) County **Pleasant Hill**

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

(c) Name of hospital or institution **425 N. Independence**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
life (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Andrew Monroe Sloan**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **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 **7** years (Day) (Year)

7. Birth date of deceased **March 7 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 10 24 hr. min.

9. Birthplace **Pleasant Hill, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Richard Sloan**

13. Birthplace **Pleasant Hill, Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Hale Ward**

15. Birthplace **Pleasant Hill, Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Geo. Sloan**

(b) Address **Pleasant Hill, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-3-48** (Month) (Day) (Year)

(c) Place: burial or cremation **Sloan Cemetery**

18. (a) Signature of funeral director **Allen Brownfield**

(b) Address **Pleasant Hill, Mo.**

19. (a) **Feb 5, 1948** (Date received local registrar) (b) **Laura J. Jones** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass**

(c) City or town **Pleasant Hill, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **425 N. Independence**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Jan** Day **31** year **1948** hour **10** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan 31 1948** to **Feb 1 1948** that I last saw him alive on **Jan 31 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Duration _____

Due to _____

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 **L. V. Murray** (M. D. or other) _____

Address **Pleasant Hill, Mo.** Date signed **2-3-48**

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.....

Glenn H. Hill

Registered Apprentice No. *8*

working under my personal supervision.

Signed.....

Glenn H. Hill

Licensed Embalmer No. *- 3785 -*

P. O. Address *Pleasant Hill, Va*

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.