

FILED MAY 1 1948

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Rural Prairie  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2 mi S. E. Lees Summit  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 35 yr  
 years, months or days)

3. (a) PRINT FULL NAME Ella Vera Sloan

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Bert Sloan 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased July 6-1884  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 7 14 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name James W. Rice

13. Birthplace Jackson Co Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Ella Campbell

15. Birthplace Jackson Co Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Bert Sloan

(b) Address Lees Summit Mo

17. (a) Burial (b) Date thereof 4-22-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Brookings Cm

18. (a) Signature of funeral director W. Langford

(b) Address Lees Summit Mo

19. (a) APRIL 21, 1948 (b) Donald C. Emswiler  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
 (c) City or town Rural Prairie  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2 mi S. E. Lees Summit  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
 year 1948 hour 11:34 minute A . M.

21. I hereby certify that I attended the deceased from Feb 18 1947 to April 20 1948  
 that I last saw her alive on April 20 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
 Due to Cerebral Hemorrhage  
 Due to \_\_\_\_\_

Duration

3 days

2 years

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 Christ L. Miller M. D. or other \_\_\_\_\_  
 Address Lees Summit Mo Date signed 4-20-48

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

2  
45  
39  
47070

**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.....

*W.B. Langford*

Licensed Embalmer No.....

*3833*

P. O. Address.....

*Leis Summit, 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.**