. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18372

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 113

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State School 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 yrs 1 mo 12 da (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Anna May Sliman
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
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 Aug (Month) 3 (Day) 1919 (Year)

8. AGE: Years	Months	Days	If less than one day
28	9	24	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Tom Sliman
13. Birthplace (City, town, or county) Syria 8 (State or foreign country)
MOTHER
14. Maiden name Eva Jacob
15. Birthplace (City, town, or county) Syria 8 (State or foreign country)
16. (a) Informant Records Mo State School
(b) Address Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo
18. (a) Signature of funeral director [illegible]
(b) Address [illegible]
19. (a) May 27-1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1948 hour 7 30 minute A. M.
21. I hereby certify that I attended the deceased from 5-22 1948 to 5-27 1948 that I last saw her alive on 5-27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar Pneumonia
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 [illegible] (M. D.)
Address Mo. State School Marshall Mo. Date signed 5/27/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-3-48

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 Marvin V. Newton, Registered Apprentice No. 51, working under my personal supervision.

Signed J. Leslie Summey
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.