FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22873

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 598

1. PLACE OF DEATH:

(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 640 E. Commercial St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether)
In this community: 29 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Greene 39
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No.: 640 E. Commercial (If rural, give location) 1
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Robert Marion Sloan.
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Olive Sloan
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: September 8, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	10	13	..... hr. ..... min.

9. Birthplace: ..... (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Retired Farmer
11. Industry or business: Farming
FATHER
12. Name: Issac Sloan
13. Birthplace: ..... (City, town, or county) Ky. (State or foreign country) 1
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 1
16. (a) Informant: Olive Sloan
(b) Address: Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: East Lawn Cemetery
18. (a) Signature of funeral director: J.W. Klingner & Co
(b) Address: Springfield Mo.
19. (a) 7-23-48 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1948 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 7, 1948, to July 21, 1948, that I last saw him alive on July 19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary congestion, congestive heart failure
Due to: Senility
Due to: Several previous cerebral hemorrhages
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ..... Of autopsy .....

Duration

PHYSICIAN — Underline the cause of which death should be charged statistically.

830

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? ..... (Specify type of place) 1
While at work? ..... (e) Means of injury .....

23. Signature: [signature] (M. D. or other) DO
Address: Willard, Mo. Date signed: 7-21-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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. J B Klingner

Licensed Embalmer No. 3358

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.