

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

37513

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4991

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <b>1501 East 35th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lakeside Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>HATTIE</b>	b. (Middle) <b>A.</b>	c. (Last) <b>SLOAN</b>	(Month) <b>11</b>	(Day) <b>22</b>	(Year) <b>49</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3-25-1869</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	11. BIRTHPLACE (State or foreign country) <b>Hawk Point, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Wm. H. Martz</b>	13b. MOTHER'S MAIDEN NAME <b>Anna L. Elmore</b>	14. NAME OF HUSBAND OR WIFE <b>Scott Craig Sloan</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) <b>No XX</b>		16. SOCIAL SECURITY NO. <b>None</b>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Guy C. Bowen, 1501 E. 35th St.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>		
	DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10, 1949, to 11-22, 1949, that I last saw the deceased alive on 11-22, 1949, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. J. Graham</b> (Degree or title)	23b. ADDRESS <b>418 Bryant Bldg</b>	23c. DATE SIGNED <b>11-23-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-25-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>		

DATE REC'D BY LOCAL REG. <b>11-23-49</b>	REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Wagner Kansas City Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Embalmer  
No. 6718

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Eugene L. Penner  
Licensed Embalmer No. 4633

P. O. Address Kansas City, 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.