

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8936

State File No. ....

977

FILED MAR 18 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  | c. LENGTH OF STAY (in this place) <u>38 yrs.</u>   | c. CITY OR TOWN <u>Kansas City</u>  |   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1320 West 42nd St.</u>  |  |  | e. STREET ADDRESS (If rural, give location) <u>AD 1320 West 42nd St.</u> <span style="float: right;">2708<br/>0</span>                      |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>HENRY</u>   |  | b. (Middle) <u>HARRISON</u>  |   | c. (Last) <u>SLOAN</u>  |   |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 2, 1954</u>  |  | 5. SEX <u>Male</u>   |   | 6. COLOR OR RACE <u>White</u>   |   |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>June 15, 1876</u>  |   | 9. AGE (In years last birthday) <u>77</u>   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Brokerage Co.</u>   |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois /</u>  |   |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  | 13a. FATHER'S NAME <u>Armstead Sloan</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann Bridges</u>   |   |
| 14. NAME OF HUSBAND OR WIFE <u>Eather F. Sloan</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> |   | 16. SOCIAL SECURITY NO. <u>187-05-9098</u>  |   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Esther Sloan</u>   |  | ADDRESS <u>1320 W. 42nd, K.C.MO.</u>   |   | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |   |   |
| ANTECEDENT CAUSES<br>DUE TO (b) <u>General Arteriosclerosis</u>  |  |  | 4221  |   |   |
| DUE TO (c) <u>Chronic Myocarditis</u>  |  |  |   |   |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>  |  |  |   |   |   |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| 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)<br><u>Kansas City Jackson Missouri</u>  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 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 <u>March 1, 1954</u> to <u>March 2, 1954</u> , that I last saw the deceased alive on <u>March 2, 1954</u> , and that death occurred at <u>a</u> m., from the causes and on the date stated above. |  |  |   |   |   |
| 23a. SIGNATURE <u>Edward G. Teubel M.D.</u> (Degree or title)  |  |  | 23b. ADDRESS <u>4304 Troost</u>   |   | 23c. DATE SIGNED <u>3/3/54</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>3-5-54</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>   |   |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE UND. CO.</u> ADDRESS <u>K.C.MO.</u>                        |   |   |   |
| DATE REC'D BY LOCAL REG. <u>3-4-54</u>   |  | REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>  |   |   |   |

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

Drs. E. C. Tenhul  
4304 Transit  
Je 4724

700 810

About 1:00 - 1:30

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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 .....,  
Signature of Student Embalmer

Signed *Gerald A. Burger* .....

Licensed Embalmer No. *476*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.