

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 12 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11625

Do not use this space.

1. PLACE OF DEATH
(a) County Schuyler Registration District No. 325
(b) Township Lancaster Primary Registration District No. 4478 Registered No. 62
(c) City Lancaster (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Catherine Sloop
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1851
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 6 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

13. NAME Michael Coons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Paulina Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Ida Boone
(ADDRESS) Lancaster Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Germania County DATE Mar 27 1943

19. FUNERAL DIRECTOR (NAME) Morehead's
(ADDRESS) Lancaster Mo

20. FILED Mar. 26 1943 A.A. Justice
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1943
22. I HEREBY CERTIFY, That I attended deceased from Sept. 23d, 1942, to March 25, 1943.
I last saw her alive on March 25, 1943. Death ~~had~~ occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Gastric carcinoma Date of onset unknown

Other contributory causes of importance:

Senility

Name of operation autopsy Date of
What test confirmed diagnosis? laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Ida M. Nulton, M. D.
(Address) Lancaster, Mo.

RECEIVED
District Health Officer No. 10
District File Number 443-709
Date Filed APR 10 1943

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.....
True & Minnie Morehead....., Registered Apprentice No.....
working under my personal supervision.

Signed True & Minnie Morehead
Licensed Embalmer No. 3731-3680
P. O. Address Lancaster 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, above space should be left blank.