

Registration District No. 175

Primary Registration District No. 5247

36

2100  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town rural Coakrell Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community year years, months or days

3. (a) PRINT FULL NAME Susan Elizabeth Cloyd

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jessie C. Cloyd

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Birth date of deceased March 28 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 5 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Chariton Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name John Henry Eyshardt

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Adams

15. Birthplace Chariton Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. Mrs. Alva Gamble

(b) Address Salisbury, Mo. St. Rt.

17. (a) Burial (b) Date thereof 5/5/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Valley

18. (a) Signature of funeral director Paula Thompson

(b) Address Madison Mo.

19. (a) 5/5/42 (b) R. A. Keimig  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton Co.

(c) City or town rural Coakrell Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1942 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 20, 1942 to May 3, 1942  
that I last saw her alive on April 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 10 min.

Due to Broncho-pneumonia 13 days

Due to \_\_\_\_\_

Other conditions None  
(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 J. L. Harney (M. D. or other) MD

Address Salisbury Mo. Date signed May 4, 1942

RECEIVED

District Health Officer No. 8,

Subject File Number \_\_\_\_\_

Date Filed 6-9-42

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 \_\_\_\_\_

*P. Richard Brown*

Registered Apprentice No.

309

working under my personal supervision.

Signed

*Paul A. Thompson*

Licensed Embalmer No.

1420

P. O. Address

*Madison, 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.