

S. No. 2
M-1-4-41
v. 5-17-39
I X2690

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17987

FILED JUN 10 1942

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 394

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

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 592 W. Pine /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 608 W. Pine
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John W. Floyd
 (b) If veteran, name war no
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 22
 year 1942 hour 9 minute 45 a. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
 that I last saw h_____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Vesta Floyd
 (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased March 6 1868
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
 Due to _____
 Due to _____
 Other conditions 9 if a
(include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 74 Months 2 Days 16
If less than one day hr. _____ min. _____

9. Birthplace Hickory County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
 12. Name Wade Floyd
 13. Birthplace Unknown / Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Jackson
 15. Birthplace Unknown / Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Ray Floyd
 (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof May 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turner, Mo.

18. (a) Signature of funeral director H. H. Lohmeyer
 (b) Address Springfield, Mo.

19. (a) 5-26-42 (b) Dr. W. J. Haudley
(Date received local registrar) (Registrar's signature)

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 3
 23. Signature Henry C. Stone Crowe (M. D. or other)
 Address Springfield, Mo. Date signed 5-26-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed L. Pauline Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.

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