

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26548

FILED SEP 2 1942

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEXANDER 1
1211 E. Randolph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 1211 E Randolph
ALEXANDER ST.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Eliza Floyd

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced W-2
6. (b) Name of husband or wife Nathan
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec-14-1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Anna (City, town, or county) (State or foreign country) 1

10. Usual occupation Nurse wife

MOTHER FATHER

11. Industry or business _____
12. Name James Loston
13. Birthplace Ill. (City, town, or county) (State or foreign country) 1
14. Maiden name Don't know
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W F Miller
(b) Address 1211 E Alexander
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/42
(Month) (Day) (Year)
(c) Place: burial or cremation Rock Hill
18. (a) Signature of funeral director W. H. Hopper
(b) Address Belleville Mo.
19. (a) 8/16/42 (Date received local registrar) (b) Mrs. J. Waynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1942 hour 1 minute P M.

21. I hereby certify that I attended the deceased from June 1, 1941 to Aug 14, 1942 that I last saw her alive on Aug 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

1 yr.

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? _____

(Specify type of place) While at work _____ (2) Means of injury 2
23. Signature W. H. Hopper (M. D. or other) Do
Address Kirksville Mo. Date signed Aug 14

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

1
3
3

RECEIVED

District Health Officer No. 10

District File Number

9-42-1699

Date Filed

SEP - 8 1947

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

Licensed Embalmer No.....

P. O. Address.....

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.