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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24947
Registrar's No. 469 A

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Green

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nursing Home 4, 1711 W. Chestnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Alice Floyd

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife C.A. Floyd

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 9, 1873
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------------|-----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>~ 69</u> | <u>10</u> | <u>27</u> |hr.min. |

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Abe Davidson

13. Birthplace unk. Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unk. Unknown

15. Birthplace unk. Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant C. D. Floyd

(b) Address Brownbranch, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Taber

18. (a) Signature of funeral director Clinkingbeard Funeral H
(b) Address Ava, Missouri

19. (a) 7-13-43 (Date received local registrar)

(b) Dr. W. J. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Brownbranch 3
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1943 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from Apr. 27
1943 to 6-4-43 1943
that I last saw h. alive on 6-4-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lympho sarcoma 6 mos

Due to

Due to 55e

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy

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 C. P. Feller (M. D. or other) 0
Address Springfield, Mo. Date signed 6/18/43

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..... *W. B. Hutchison*.....
Licensed Embalmer No. *3431*.....
P. O. Address..... *Carroll MD*.....

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.