

FILED MAY 9 1944  
231

Registration District No. 231

Primary Registration District No. 5811

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 40 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Emma Floyd

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) ~~Single, widowed, married~~ divorced 3

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

7. Birth date of deceased 2-17-1856  
(Month) (Day) (Year)

8. AGE: Years 88 Months I Days I2 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business.....

12. Name John Bobbst

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

14. Maiden name NO

15. Birthplace No  
(City, town, or county) (State or foreign country)

16. (a) Informant Cuba Lockett  
(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 4-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City C.

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) April-44 (b) Mrs C. E. Gaudreau  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montg  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles North Montg City Mo  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29  
year 1944 hour 2 minute P 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.

Immediate cause of death Cornary Thrombosis Duration

Due to.....

Due to.....

Other conditions.....  
(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 March 29-1944

(c) Where did injury occur? Montgomery Montgomery Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Farm In House

While at work?..... (Specify type of place) (e) Means of injury.....

Signature F. J. Bell, Justice of the Peace (M, D, or other) Acting Coroner

Address Jonesburg Mo Date signed Mar 31-44

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

873

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 5-8-44

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 on the 29  
of March 1944

working under my personal supervision.

Registered Apprentice No.

Signed

C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.