

FILED AUG 15 1946

Registration District No. **268**

Primary Registration District No. **5406**

Registrar's No. **31**

1. PLACE OF DEATH:
 (a) County Pemisscott
 (b) City or town Peach Orchard (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemisscott
 (c) City or town Peach Orchard - Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Wilma Ruth Floyd
 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 Child
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased: July 23 1945
 (Month) (Day) (Year)

8. AGE: Years _____ Months 11 Days 24
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Tom Floyd

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

14. Maiden name Rosie Williams

15. Birthplace Coring Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Tom Floyd

(b) Address Peach Orchard, Mo.

17. (a) Burial Date thereof: 7-20-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Landed Funeral Home

(b) Address Campbell Mo.

19. (a) 7/25/46 (Date received local registrar) (b) Mrs. H.A. Thomas (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 17
 year 1946 hour _____ minute 6:10 P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw her alive on 3-20-46, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial Failure
 Due to congenital heart disease
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 157e

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)
 (c) Means of injury _____

23. Signature J. H. Hapkin (M. D. or other) _____
 Address _____ Mo. Date signed 7-24-46

MOTHER FATHER

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A FOLD

8-46-193

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.

Registration District No. 268

Primary Registration District No. 5906

1. PLACE OF DEATH:
 (a) County Pemiscot
 (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 _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Walter P. Floyd
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased July 23
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) 7-25-46 (b) Mrs. A. A. Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(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 _____

20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
 to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 5 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 _____ (M. D. or other) _____
 Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

24539