

Registration District No. _____

Primary Registration District No. 5505

Registrar's No. 1

1. PLACE OF DEATH:

- (a) County Hickory
 (b) City or town Rural - Center Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether

In this community 6.5 yrs
years, months or days8. (a) PRINT FULL NAME JAMES EZRA FLOYD8. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Dina 6. (c) Age of husband or wife if
alive 56 years7. Birth date of deceased Oct 1 1894
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 4 5 hr. min.9. Birthplace Hickory Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farm

11. Industry or business _____

12. Name Davis Floyd13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name Maudie Cooper15. Birthplace Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Davis Floyd(b) Address Wheatland Mo.17. (a) _____ (b) Date thereof Feb 7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Dolly Bonds18. (a) Signature of funeral director Paul H. Blue(b) Address Wagon Mo.19. (a) Feb 17 1948 (b) Amice McKinley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Hickory
 (c) City or town Rural - Center
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb-6 day _____
year 1948 hour _____ minute 11:30 P. M.21. I hereby certify that I attended the deceased from Feb -
5 - 1948 to Feb - 5 - 1948that I last saw him alive on never saw him for 3 months
and that death occurred on the date and hour stated above.Immediate cause of death I never saw this
patient but sent him medicine
but in my opinion death was
Due to acute some form of
paralysis N.M.D.
Due to Cerebral hemorrhage

Duration

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 _____
 (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 A. S. Johnston (M. D. or other) ✓
Address Wheatland Mo. Date signed 2-6-1948

FILED MAR 16 1948

RECEIVED
District Health Officer No. 7, 333
District File Number 3-40-333
Date Filed 3-4-46

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 Herold Marshall

Licensed Embalmer No. 3519

P. O. Address Bolivar 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, above space should be left blank.