

FD JUN 20 1940

390

4229

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

(a) County IRON  
(b) City or town DES ARC 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 \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAMES JANE PRISCILLA LOYD <sup>300</sup>

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 WIDOW

6. (b) Name of husband or wife WILLIAM LOYD 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 26 1965  
(Month) (Day) (Year)

8. AGE: Years 75 Months - Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace DES ARC MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name MASSIE RUBIE 9  
13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name ARTIE McFADDEN 9  
15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant GEORGE W. LOYD  
(b) Address DES ARC MO

17. (a) \_\_\_\_\_ (b) Date thereof MAY 29 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DES ARC CEMETERY

18. (a) Signature of funeral director Dr. J. J. ...

(b) Address ...

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON  
(c) City or town DES ARC  
(If outside city or town limits write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1940 hour 2:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3/14/40  
\_\_\_\_\_, 19\_\_\_\_, to 5/24/40, 19\_\_\_\_;  
that I last saw her alive on 5/24/40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia, lung infection

Due to Gen Debility arteriosclerosis

Due to decompensating heart

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 95 B  
Of autopsy \_\_\_\_\_

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? 947  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. ... M.D.  
Address Piedmont Mo Date signed 5/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

3475 - 6/28/40, Registered Apprentice No.....  
working under my personal supervision.

Signed Geo. P. Leuchel

Licensed Embalmer No. 3475

P. O. Address Greentown 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, above space should be left blank.**



