

FILED SEP 10 1940
REGISTRATION DISTRICT NO. 2001

Registrar's No. 646

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

1. PLACE OF DEATH:

(a) County: **GREENE**
(b) City or town: **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
518 HOLLAND BUILDING No. 3
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo.** (b) County: **Greene**
(c) City or town: **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No.: **1957 Benton**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: **E. FRANK LLOYD JR.**

3. (b) If veteran, name war: **NO** 3. (c) Social Security No.: **NONE**

4. Sex: **Male** 5. Color or race: **white** 6. (a) Single, widowed, married, divorced: **married**

6. (b) Name of husband or wife: **Alice Lloyd** 6. (c) Age of husband or wife if alive: **62** years

7. Birth date of deceased: **Dec. 12 1873**
(Month) (Day) (Year)

8. AGE: Years **66** Months **7** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace: **Shelbyville Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Musician**

11. Industry or business: **Secretary Musicians Local**

12. Name: **H. Clay Lloyd**

13. Birthplace: **Unknown Ill**
(City, town, or county) (State or foreign country)

14. Maiden name: **Unknown**

15. Birthplace: **Shelby Co. Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Alice Lloyd, Mo.**
(b) Address: **Duval**

17. (a) Date of death: **Aug 5 1940**
(b) Date of funeral: **Aug 5 1940**
(c) Place: burial or cremation: **Clear Creek Cemetery W. Springfield Mo.**

18. (a) Signature of funeral director: **W. E. Handley**
(b) Address: **Springfield, Mo.**
19. (a) Date received by registrar: **Aug 5 1940** (b) Registrar's signature: **W. E. Handley**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **3**
year **1940** hour **4** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **2:30 to 4:30 PM**
August 3, 1940 to **August 3, 1940**;
that I last saw him alive on **August 3, 1940**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coccyary Thrombosis**

Duration: **2 hours**

Due to _____
Due to **9410**
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? **944**
(Specify type of place) _____
(e) Means of injury _____
23. Signature: **Kenneth West** (M. D. or other) **M.D.**
Address: **Springfield, Mo.** Date signed: **Aug 5, 1940**

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.....

Ogle Sloan Jr., Registered Apprentice No. *232*
working under my personal supervision.

Signed *Warren D. Noblett*

Licensed Embalmer No. *4005*

P. O. Address *Springfield 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.

X