

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 838

Primary Registration District No. 6098B

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

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural
(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 Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Dexter R. F. D. #3
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME George Washington Loyd 301

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 6. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sibby Garner Loyd 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 1, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 26 hr. min.

9. Birthplace Hamilton County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Loyd 2
13. Birthplace No Record 1
(City, town, or county) (State or foreign country)
14. Maiden name Margaret York
15. Birthplace No Record 2
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Smith
(b) Address Dexter, Mo. #3

17. (a) Burial (b) Date thereof July 28, '40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Bethel Cemetery
Blankenship-Strickland

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 8/2 1940 (b) J. B. Ruston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 27 - 1940 to July 27 - 1940
that I last saw him alive on July 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Duration within

Due to _____

Due to _____

Other conditions Hypertension & Atherosclerosis
(Include pregnancy within 3 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) 20
(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? 755

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

23. Signature S. S. Davis (M. D. or other) _____
Address Dexter Mo. Date signed _____

RECEIVED

District Health Officer No. 2

District File Number 840-1320

Date Filed 8/8/40

STATEMENT BY LICENSED EMBALMER

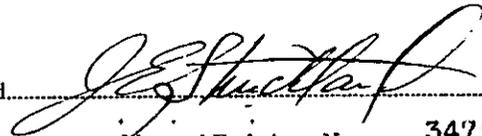
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on ~~box~~

J. E. Strickland

Registered Apprentice No. _____

working under my personal supervision.

Signed _____



Licensed Embalmer No. 3479

P. O. Address Dexter, 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.