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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1725

FEB 14 1941

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 33

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1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer H.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 31
(c) City or town Union 5
(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.? 1 years

3. (a) PRINT FULL NAME Emma Elizabeth Loyd
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 26 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
47	6	8	hr. min.

9. Birthplace Jefferson City, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Theo Conrad
13. Birthplace Chamois, (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name Mary Antwiler
15. Birthplace Jefferson City, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Annamary Martin
(b) Address Union, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Union, Mo.
18. (a) Signature of funeral director Wm. Lom
(b) Address Union, Mo.
19. (a) Feb. 4, 1941 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1941 hour 7 ~~[illegible]~~ minute 20 a.m.
21. I hereby certify that I attended the deceased from Feb. 1, 1941, to Feb. 4, 1941, that I last saw her alive on Feb. 4, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver	
Ureteral Obstruction, bilateral —	
Due to: due to carcinoma	
Due to:	
Other conditions: Uremia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Carcinoma of Liver

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

23. Signature Eugene M. Bricker (M. D. or other) MD
Address Ellis Fischel State Cancer Hosp. Date signed 2-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 Wm H. Horn

Licensed Embalmer No. 3175

P. O. Address Macon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.