

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

Registration District No. 821

Primary Registration District No. 4553

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: !
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Loyd Jr.

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie Loyd 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 16 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 3 hr. min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Loyd

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Loyd

(b) Address Sikeston, Missouri

17. (a) Burial (b) Date thereof 3 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Sikeston, Mo.

18. (a) Signature of funeral director H. Gavelah

(b) Address Sikeston, Mo.

19. (a) 4-5-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1941 hour 7 minute 30 P.:M.

21. I hereby certify that I attended the deceased from March 10 1941, to March 18 1941;
that I last saw him alive on March 16 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Basal Pneumonia

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

(Specify type of place) 742
While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M: D. or other) _____

Address [Address] Date signed 3/21/41

RECEIVED

District Health Officer No. 2

District File Number 441-454

Date Filed 4/2/46 STATE

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 Harvey Johnson

Licensed Embalmer No. 3704

P. O. Address Seaton 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, fact should be so stated above.