S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14534

State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 303

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: 615 Washington Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community About 7 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 2

(c) City or town Springfield. 6
(If outside city or town limits write "RURAL")

(d) Street No. 615 Washington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Native from Miss years.

3. (a) PRINT FULL NAME Elvira Logan Floyd

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Floyd

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased 1 (Month) 8 (Day) 1877 (Year)

8. AGE: Years 64 Months 3 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Dan. Sebram.
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lizzie Johnson
(b) Address 615 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Mem.

18. (a) Signature of funeral director H. Campbell
(b) Address 867 Washington Ave

19. (a) 4-10-41 (Date received local registrar) (b) W. E. Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1941 hour 10 minute 25 p M.

21. I hereby certify that I attended the deceased from viewed the body at 615 Washington Ave - 4-10 1941; that I last saw h___ alive on at - 10-40 pm and that death occurred on the date and hour stated above.

Immediate cause of death Senility without mention of senile dementia

Due to — No Doctor present —

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

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) Old age

(b) Date of occurrence 4-10-41

(c) Where did injury occur? Springfield Green Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9 & 4 at home (Specify type of place)

While at work? — (e) Means of injury —

23. Signature F. H. Boehm Acting Coroner (M. D. or other)

Address 565 Pickwick Date signed 4/11/41

Springfield Mo.

(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 H R Campbell, Registered Apprentice No. ....., working under my personal supervision.

Signed H R Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield Or

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.