No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1941

Registration District No. 773

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26059

Primary Registration District No. 6018A

Registrar's No. 112

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

1. PLACE OF DEATH:

(a) County St. Francois County

(b) City or town ~~Near Farmington, Mo.~~ Rural St. Francois Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 4 g
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1904 to 1941 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois g

(c) City or town Bonne Terre, Missouri d
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown d
(If rural, give location)

(e) Citizen of foreign country? No d (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LLOYD MEAD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male (1)

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 59 Months ? Days ? If less than one day hr. min.

9. Birthplace ? (City, town, or county) O Missouri (State or foreign country)

10. Usual occupation Store work

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/41 (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp. No. 4 Cemeter

18. (a) Signature of funeral director Cozean Funeral Home
(b) Address Farmington, Missouri

19. (a) July 10 - 41 (Date received local registrar) (b) T. L. Robinson (Registrar's signature)

699

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1941 hour eleven minute ten P.M.

21. I hereby certify that I attended the deceased from Nov. 15 1938, 19__, to July 6 1941; that I last saw him alive on July 6 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia	3da
Due to: Acute Suppurative Parotitis Left side	7da
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Septicemia	

115 D

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 d

23. Signature Ralph Kuhlman M. D. (M. D. or other)

Address Farmington Mo. Date signed 7-7-41

(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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.

(Not embalmed)