

FILED OCT 28 1941

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **244**

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Boone, Columbia Co.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Boone County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Boone
(If outside city or town limits, write "RURAL")
 (d) Street No. Columbia Route 4
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME CHARLES QUOLS LLOYD

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

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

6. (b) Name of husband or wife Ellie Agnes Lloyd **6. (c) Age of husband or wife if alive** 60 years

7. Birth date of deceased Jan 22 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 12 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name J. H. Lloyd

13. Birthplace New Franklin, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann

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

16. (a) Informant Mrs. Ellie Lloyd

(b) Address Columbia, Mo. Route 4

17. (a) Burial Boone **(b) Date thereof** Sept 6 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Stephen's Springs

18. (a) Signature of funeral director Chaskey's

(b) Address Columbia, Mo.

19. (a) 9/5/41 **(b) 111** **(Registrar's signature)** Allie Selby

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 4 year 1941 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from 9-1-41 to 9-4-41
 that I last saw him alive on 9-3- 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Accumulation of brain
Due to Septicemia
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy None

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Sept 1-41
 (c) Where did injury occur? Boone Co. Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes in woods
 While at work? Yes (Specify type of place) Had ice
(e) Means of injury
23. Signature W. P. Gray (M. D. or other)
Address Columbia, Mo. **Date signed** 9-5-41

Duration 3 days
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

NOV 10 1960

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. 41302
P. O. Address Columbia, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31015**⁴

Registration District No. **13**

Primary Registration District No. **3006**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Boone**
 (b) City or town **Rural Columbia**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Boone Co. Hosp**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **26 years**

3. (a) PRINT FULL NAME **Charles Q. Lloyd**

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

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

7. Birth date of deceased **Jan 22 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7		11 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

9. (a) **10/27/4** (b) **Allie Selby**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
 (c) City or town **Rural Columbia Twp**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Columbia, Mo. route 4**
(If rural, give location)
 (e) Citizen of foreign country? **P. F. O. #4** (Yes or No) _____
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day _____
 year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
 to _____, 19____;
 that I last saw him/her alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(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)

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

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

WRITE PLAINLY - USE INK

