

FILLED OCT 22 1941  
Registration District No. **28 E**

Primary Registration District No. **5404 B**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Dunklin Mo. (b) City or town Gibson, Mo. (c) Name of hospital or institution: \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME W. H. Floyd  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1941 hour 9:30 minute \_\_\_\_\_ P. M.

4. Sex male 5. Color or race white 5. (a) Single, widowed, married, divorced \_\_\_\_\_  
 6. (b) Name of husband or wife Luella Floyd 6. (c) Age of husband or wife if alive 71 years  
 7. Birth date of deceased Sept 15 1856  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 19 41 to Aug 23 41; that I last saw him alive on Aug 21 19 41 and that death occurred on the date and hour stated above.  
 Immediate cause of death Serum Duration \_\_\_\_\_

8. AGE: Years 84 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Tenn (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown  
 13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name unknown  
 15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant Madge Parrent  
 (b) Address Clarkton, Mo. R. 1

17. (a) Burial (b) Date thereof 8/24/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Lester Funerals (b) Address Campbell, Mo.

19. (a) Oct 10-41 (b) J. A. Anderson  
 (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature John L. Brown (M. D. or other) \_\_\_\_\_  
 Address Campbell, Mo. Date signed 8-23-41

RECEIVED

District Health Office No. 2,

District File Number 1041-1446

Date Filed 10/20/41

10, 7 H N.

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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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.