

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38279

State File No.

DEC 18 1941

Registration District No. 311

Primary Registration District No. 5430

Registrar's No.

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Gentry Burke Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)
In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT NAME James Wetherford Floyd
FULL NAME

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

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

6. (b) Name of husband or wife Mary Eliz. Mervin 6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased Nov. 26 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 18
If less than one day hr. min.

9. Birthplace Puliski County Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farm

11. Industry or business

12. Name Levi Floyd

13. Birthplace Puliski County Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane McKenny

15. Birthplace Puliski County Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jeff Poff

(b) Address Gentry, Missouri

17. (a) Burial (b) Date thereof 11-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Brick Sametery

18. (a) Signature of funeral director [Signature]
(b) Address Albany, Missouri

19. (a) 12-10-41 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1941 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 8
1941 to Nov 14 1941;
that I last saw him alive on Nov 14 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
53
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

23. Signature [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed 11-18

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

283

(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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed *Walter B. Burch*

Licensed Embalmer No. 3329

P. O. Address Albany, 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.