

FILED AUG 10 1942

Registration District No. **208**

Primary Registration District No. **3020**

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

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Carthage city**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**McCune-Brooks Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Hour**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Route #1, Reeds, Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ROBERT 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 **Widowed**

6. (b) Name of husband or wife **Mary Ellen M. Lloyd**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 25th, 1870**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **6** Days **18**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Polk County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

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

MOTHER FATHER { 12. Name **William Lloyd**

13. Birthplace **X Iowa**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **William Lloyd**

(b) Address **Route #1, Reeds, Mo.**

17. (a) **Burial** (b) Date thereof **7-15-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 Garrison Ave., Carthage, Mo.**

19. (a) **July 14, 1942** (b) **P. Elizabeth Complin**  
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13**  
year **1942** hour **5:45** minute **P** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Compound fracture of left leg Hemorrhage Shock**

Due to **accident while riding**  
Due to **leg axle driven by**  
**train of mules**

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

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

Of autopsy \_\_\_\_\_  
**1750-8**

22. If death was due to external causes, fill in the following: **Accident**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence **July 13, 42**

(c) Where did injury occur **Reeds #1 Jasper Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place?  
**on farm**

While at work? **No** (Specify type of place) (e) Means of injury **Coroner**

23. Signature **P. Elizabeth Complin** (M. D. or other)

Address **Carthage Mo** Date signed **July 14**

42-7-605

**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..... *Edla...mer* .....

Licensed Embalmer No. *2222*

P. O. Address *Carthage*

**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.**