

34511

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 5 1942
Registration District No. 1942

Primary Registration District No. 4405

Registrar's No. 358

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Green Ridge
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
His Home on Main Street 1
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Pettis 80

(c) City or town Green Ridge Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. Main St
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ 0 years.

3. (a) PRINT FULL NAME Robert L. Edward Floyd

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1942 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 15, 1942, to Oct 16, 1942
that I last saw him alive on Oct 16, 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Rosa M. Floyd 6. (c) Age of husband or wife if alive 72 years
(Month) (Day) (Year)

7. Birth date of deceased May 7th 1865
(Month) (Day) (Year)

Immediate cause of death Chronic myocardial disease

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

77 5 9 hr. min.

Other conditions Valvular heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 93d

9. Birthplace Madison Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farming

MOTHER FATHER { 12. Name Joseph Floyd

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Ward

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Rosa M. Floyd

(b) Address Green Ridge Mo

17. (a) Burial (b) Date thereof Oct 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Wm. Reams

(b) Address Green Ridge Mo.

19. (a) 10-16-42 (b) Miss Anna Berger
(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 H. A. Hite (M. D. or other) M.D.
Address Green Ridge Mo. Date signed 10/16/42

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District No. _____

11-4-42

NOV 20 1942

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 L. L. Beam

Licensed Embalmer No. 1881

P. O. Address Green Ridge 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, above space should be left blank.