

FILED DEC 11 1942
176
479

Primary Registration District No. 5683

Registrar's No. 127 17

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Mo State San
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1287 days
(Specify whether years, months or days)

In this community 1287 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town St Catherine
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rudolph Clinton Floyd

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16th
year 1942 hour 7:50 minute 10 M.

21. I hereby certify that I attended the deceased from Nov 9 to Nov 16, 1942
that I last saw him alive on Nov 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 Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July 30 1904
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis
Duration abt 4 1/2 yrs

8. AGE: Years 38 Months 3 Days 17 If less than one day hr. min.

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation laborer

Major findings:
Of operations

Of autopsy

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

11. Industry or business

12. Name Everett Cybister Floyd

13. Birthplace Wagon Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Floyd

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

16. (a) Informant Mr. Michael, Reuben

(b) Address Mo State San, Mt Vernon Mo

17. (a) Removal (b) Date thereof Nov 16 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel

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) (c) Means of injury

23. Signature A. B. Stokes (M. D. or other)

Address Mt. Vernon, Mo. Date signed 11/16/42

18. (a) Signature of funeral director W. N. McCollum

(b) Address South Jefferson Mo

19. (a) Dec. 4-42 (b) Arthur W. Mey
(Date received local registrar) (Registrar's signature)

RECEIVED

District

Officer No. 6,

District File Number

1242-1716

Date Filed

DEC 9 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

A. W. J. J. J.

Licensed Embalmer No. 2201

P. O. Address. MAVERICK 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.