

FILED MAY 8 1943

Registration District No. 120

Primary Registration District No. 5451

Registrar's No. 46

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

309

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural Wilson Township
(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 ✓
(Specify whether years, months or days) 66-5-15

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. Wilson Township Ten Mile North East
(If rural, give location)

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

3. (a) PRINT FULL NAME Lee Etta Floyd

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race Whit

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife George Fry Floyd

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 11 4 1865
(Month) (Day) (Year)

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

77 4 10 hr. min.

9. Birthplace Middleton Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name J. J. Kaiser

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

14. Maiden name Debrah Barber Kentucky

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

16. (a) Informant Marilyn Collemworth

(b) Address Stenberg Mo. 16

17. (a) Burial (b) Date thereof 3-14-1943
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highridge, Stenberg Mo

18. (a) Signature of funeral director W. J. Johnson

(b) Address Stenberg Mo.

19. May 5-1943 (Date received local registrar) (b) James W. Mckittrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1943 hour 7:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 1941 to March 14, 1943
that I last saw him alive on June 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Senile

Due to 1

Other conditions (Include pregnancy within 3 months of death) 93k

Major findings:
Of operations 93k
Of autopsy 93k

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)
(b) Means of injury _____

23. Signature J. J. Kaiser (M. D. or other) Dr
Address Stenberg Mo. Date signed 3-17-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

J. Evan Johnson....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Evan Johnson*
Licensed Embalmer No. *3492*
P. O. Address *Starkbury 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.