S. No. 2
M—9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31560

FILED SEP 25 1943

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 735

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

39
2
6

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 13¾ hour (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 039

(c) City or town: Springfield 2 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 730 W Elm
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

3. (a) PRINT FULL NAME: Elsa Wilma Lloyd

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Baby

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: September (Month) 3 (Day) 1943 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	1	13 hr. 45 min.

9. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Mr. John H. Lloyd
13. Birthplace: Youngstown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Wilma Thomas
15. Birthplace: Billings (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mr. John H. Lloyd
(b) Address: 730 W. Elm, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 6, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: East Lawn Cem.

18. (a) Signature of funeral director: Alma Lohmeyer
(b) Address: Spfd. Mo.

19. (a) 9-4-43 (Date received local registrar) (b) F. N. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4 year 1943 hour 1 3 3 minute 2045 A.M.

21. I hereby certify that I attended the deceased from 9-3, 1943 to Sept. 4, 1943 that I last saw he alive on 9-3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity. This baby was 23 weeks gestation - lived not reached period of viability.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 59

Major findings:
Of operations:

Of autopsy:

Duration

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?
While at work? (Specify type of place) (e) Means of injury:

23. Signature: Edgar J. Engel (M.D. or other) M.D.
Address: O'Reilly Gen. Hosp. Springfield, Mo. Date signed 9-4-43

(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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.