V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34661

State File No.

FILED NOV 12/1943

Registration District No. 120

Primary Registration District No. 5451

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural, Wilson Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 11-5-0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town "Rural," 8 miles North "
(If outside city or town limits, write "RURAL")

(d) Street No. Eight miles North of Stanberry "
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME George Fry Floyd

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race Wht

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Le Etta Floyd

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

7. Birth date of deceased 4 (Month) 23 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	3	28	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Stock Raising.

FATHER
12. Name Matson Floyd
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Fry
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Merlin Collinsworth
(b) Address Ravenwood Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Highridge at Stanberry

18. (a) Signature of funeral director J. Evan Johnson
(b) Address Stanberry Missouri

19. (a) October 11-1943 (Date received local registrar) (b) Homer W. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1943 hour 7 10 minute P. M.

21. I hereby certify that I attended the deceased from Aug 18, 1943, to Aug 21, 1943
that I last saw him alive on Aug 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Senile & flue

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

RECEIVED AUG 30 1943 CLAIM DEPT.

108

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. G. Garten (M. D. or other) DO

Address Sheridan Mo Date signed 8-24

(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~~ Evan Johnson, Registered Apprentice No. ✓, working under my personal supervision.

Signed Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanberry 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.