

FILED FEB 8 1944
Registration District No.

Primary Registration District No. 4147

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

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Bruneton
(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. ✓
In this community 4 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Bruneton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES WILLIAM FLOYD

(b) If veteran, name war _____ (c) Social Security No. 492-12-7327

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Laura Belle Floyd 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 26 1897
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Clarence E. Floyd

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

14. Maiden name Fannie Mae English

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

16. (a) Informant Mrs. Harris Floyd

(b) Address Bruneton, Mo.

17. (a) Burial (b) Date thereof Jan. 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bruneton, Mo.

18. (a) Signature of funeral director J. B. Parker

(b) Address Bruneton Mo

19. (a) Jan 14 1944 (b) Robison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 10
year 1944 hour 8:34 minute 17 M.

21. I hereby certify that I attended the deceased from March 1943 to Jan 10 1944
that I last saw him alive on Jan 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
19 years or longer

Due to _____

Due to _____

Other conditions Chronic hepatitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 46 f

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 R. Keegan (M. D. or other)

Address Bruneton Mo Date signed 1/14/44

FEB 10 1944

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-7-44

MAY 18 1950

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

myself

Registered Apprentice No.

working under my personal supervision.

Signed

R. Y. Parker

Licensed Embalmer No.

2547

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.