

FILED FEB 8 1944

Registration District No. 358

Primary Registration District No. 6213

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

1. PLACE OF DEATH: VERNON
 (a) County VERNON
 (b) City or town Schell City, Mo. "R"
 (c) Name of hospital or institution BLUE MOUND Juv
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Alfred Loyd
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife EUNICE Loyd 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased MAR. 14 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 29 hr. min.

9. Birthplace MATTOON see. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Do

12. Name WM. Loyd

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

14. Maiden name Sarah Matthews

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

16. (a) Informant Willie Loyd

(b) Address Schell City, Mo.

17. (a) HARWOOD (b) Date thereof 1-15-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harwood Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address Harwood, Mo.

19. (a) Jan 15-44 (b) Willie Loyd
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County VERNON
 (c) City or town Schell City, Mo. "R"
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JAN. day 13
 year 1944 hour about mid-morning M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death suicide by firearm.

Due to _____

Due to _____

Other conditions 1640
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) suicide
 (b) Date of occurrence 1-13-44
 (c) Where did injury occur? at his farm Vernon, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, or industrial place, in public place?

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

23. Signature Blair D. ... (M. D. or other)
 Address Nevada Date signed 1-19-44

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

RECEIVED

District Health Officer NO. 71

District No. Number 1-44-92

Date Filed 2-7-44

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.....

Alma G. Grier

Licensed Embalmer No. 2709

P. O. Address Harewood 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.