No. 2
8-43
17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1944

Registration District No. 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17089

Registrar's No. 2229

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1318 Lake Ave.
(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)
In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 1318 Lake Ave. (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No): No
If yes, name country ____

3. (a) PRINT FULL NAME: John Robert Loyd

3. (b) If veteran, name war: No

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Sally A. Loyd

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

7. Birth date of deceased: 11 (Month) 13 (Day) 1855 (Year)

8. AGE: Years 88 | Months 6 | Days 10 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Lumber merchant

11. Industry or business: ____

MOTHER FATHER

12. Name: David Loyd

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

14. Maiden name: Louisa Bounds

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

16. (a) Informant: Mrs. Buckly
(b) Address: 1318 Lake

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Wood Cemetery Hot Springs Arkansas

18. (c) Signature of funeral director: Mrs. C. L. Forster
(b) Address: Kansas City, Missouri

19. (a) 5-23-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd. year 1944 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from April 24 1944, 19__, to May 22, 1944 that I last saw him alive on May 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis

Due to: ____

Due to: Contributing Fracture of the Femur.

Other conditions (Include pregnancy within 3 months of death): 5

Major findings: Of operations: 1860 1.8

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): Accident 123
(b) Date of occurrence: About 3 wks. ago.
(c) Where did injury occur? K. C. (City or town) Mo. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)
While at work? No (e) Means of injury: fall in Home

23. Signature: Ebb Kelly O. (M. D. or other)
Address: 402 Walnut Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

402 Wabash
Benton0687

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 Ralph W. Runnels

Licensed Embalmer No. 3860

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.