. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27185

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 185

1. PLACE OF DEATH:

(a) County Boone,

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

(c) Name of hospital or institution: Wilhite Convalasent Home 4 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard, 45

(c) City or town Columbia Fayette Missouri 1 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Mary Terry Cloyd,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Willard W, Cloyd, 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 17th (Day) 1866 (Year)

8. AGE: Years 78 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER 12. Name Willard L, ~~Cloyd,~~ Terry

13. Birthplace Virginia, (City, town, or county) 1 (State or foreign country)

MOTHER 14. Maiden name Anna Smith,

15. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

Corr. Lloyd 9-1-44 Abbott

16. (a) Informant ~~Terry Cloyd,~~ [illegible] Terry

(b) Address Fayette, Mo. 0

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3- 1944 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Guy T. Halley,

(b) Address Fayette, Mo.

19. (a) 8-2-1944 (Date received local registrar) (b) Edna H. Barbie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1944 hour 10 minute P. M.

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

Immediate cause of death gradualy wore out

Due to softing of brain

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.

83C

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 K. L. Frasier (M.D. or other) D.C.

Address Doonville, Mo. Date signed 8-2-44

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-18-44

AUG 28 1944

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 A Carr
Licensed Embalmer No. 3340
P. O. Address Fayette 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of ~~Howard~~ Boone

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 185

On this 30th day of August, 1944, before me appears Terry Cloyd, who, upon his oath, states that the original record of ~~birth~~ death for Mary Terry Cloyd, died ~~born~~ July 30th, 1944 in the State of Missouri, and which was filed at Columbia Mo on Aug 21, 1944, should be corrected as follows:

Item No. 12 should read WILLIAM L TERRY.

Instead of WILLIAM L. CLOYD.

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Terry Cloyd Son
Relationship.

Fayette Mo
Present Address.

Subscribed and sworn to before me this 30th day of August, 1944.

My Commission expires December 31-1946 Roy G Kiernan ~~Notary Public~~ Circuit Clerk

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339

27185