

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

1266

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 6 1945  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 347

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
1812 East Forty Second Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 26 Years (Specify whether years, months or days)

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. 1812 East 42, St.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JULIA ANNA LLOYD

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Jan 20 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>1</u>	..... hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name T. L. Miller

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

14. Maiden name Mary Tuttle

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

16. (a) Informant Evan W. Lloyd

(b) Address 1812 East 42, st, Kan. City, Mo.

17. (a) Burial (b) Date thereof 1-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 1-22-45 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 14  
1945, to Jan 19 - 1945  
that I last saw her alive on Jan 19 - 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Hypostatic pneumonia

Due to Patient was bedfast for many years suffering from Arthritis Deformans

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

Major findings: Of operations no operations

Of autopsy none

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 Mabel Andersen (M. D. or other) D.O.

Address 1115 Grand ave K.C. Mo. Date signed 1-22-45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

Licensed Embalmer No. *4199*

P. O. Address *Independence, 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.**