

1. PLACE OF DEATH:

(a) County **Clinton**
(b) City or town **Plattsburg**
(If outside city or town limits, write "RURAL" and name of township)
(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..... (Specify whether
In this community **26 years**
- years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton**
(c) City or town **Plattsburg**
(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.....

3. (a) PRINT FULL NAME **Loyd Mead**

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 **widowed**

6. (b) Name of husband or wife **MARY CARTER Mead** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **SEPT 12 1862**
(Month) (Day) (Year)

8. AGE: Years **82** Months **4** Days **11** If less than one day hr. m/n.

9. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business.....

12. Name **Larker Mead**

13. Birthplace **unk m n r**
(City, town, or county) (State or foreign country)

14. Maiden name **MARTHA STEVENSON**

15. Birthplace **unk m n r**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. PAUL**

(b) Address **N. KANSAS CITY, MO**

17. (a) **BURIAL** (b) Date thereof **1 24 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Agent General Home**

(b) Address **Plattsburg, Mo**

19. (a) **1-23-45** (b) **Mrs. C. Harker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **23**
year **1945** hour **4** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan 21**
1945, to **Jan 23** 1945;
that I last saw him alive on **Jan 22** 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **2 days**

Due to **weakened body and eye**

Due to.....

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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 **A. W. Hayward** (M.D. or other) **MD**

Address **Plattsburg, Mo** Date signed **1/23/45**

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

1041

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

F. G. Lyon

Licensed Embalmer No.

952.

P. O. Address

Stewartsville 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.