

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13307**

FILED MAY 14 1945

Registration District No. **107**

Primary Registration District No. **5421**

Registrar's No. _____

35-
6
2

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town White Oak *Holcomb Ave*

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town White Oak
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Mary Ann Loyd

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 3 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

I I 3 _____ hr. _____ min.

9. Birthplace White Oak Dunklin Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Ernest Loyd

MOTHER FATHER

12. Name _____

13. Birthplace White Oak Dunklin Mo
(City, town, or county) (State or foreign country)

14. Maiden name Aretta Therman

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

16. (a) Informant Ernest Loyd

(b) Address White Oak Mo

17. (a) _____ (b) Date thereof II 28 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gregary Cem

18. (a) Signature of funeral director Lentz Funeral Home

(b) Address Kennett Mo

19. (a) 1-27-45 (b) Mrs. Ernest Vancil, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month II day 26
year 1944 hour II minute 30 A.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 Choked on bread Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy No *182-19*

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 *03*

(b) Date of occurrence II/26/44

(c) Where did injury occur? White Oak Dunklin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

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

23. Signature Walter J. Lentz M.D. or other _____
Address Kennett Mo Date signed 11-26-44

ate I received this

→ 4-5-45

1895

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 545-1650

Date Filed 5-7-45

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 Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.