

FILED FEB 8 1946

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Southeast Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether  
In this community 13 days  
years, months or days)

3. (a) PRINT FULL NAME MINNIE ROVENIA 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. (b) Name of husband or wife John Lloyd 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. 5, 1876  
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 27 hr. min.

9. Birthplace Bollinger Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Dee Abernathy

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name Emeline Baker

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant John Lloyd

(b) Address Bellina, Mo.

17. (a) Burial (b) Date thereof Jan. 3, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Cemetery

18. (a) Signature of funeral director Charles S. Morgan

(b) Address Advance, Mo.

19. (a) 1-11-1946 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger  
(c) City or town Zellma  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2  
year 1946 hour 3 minute 10A M.

21. I hereby certify that I attended the deceased from 12-21, 1945 to Jan. 2, 1946  
that I last saw him alive on Jan. 2, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain aneurysm  
from a cerebral hemorrhage  
probably primary in the blood

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46b

Of autopsy

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) (c) Means of injury

23. Signature George H. Kelly (M. D. or other)

Address St. Charles, Mo. Date signed 1-10-46

RECEIVED

District Health Officer No. 4

District File Number 246-1648

Date Filed 2-7-46

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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.....

Lloyd S. Morgan....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.