

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 218

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days) 9 Days

3. (a) PRINT FULL NAME Frances Julia Loyd
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 George
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased June 24 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 24
If less than one day hr. min.

9. Birthplace Troy Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Mins Ricklefs
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Lucena Albers
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Geneva R. Loyd
(b) Address Hiawatha, Kansas

17. (a) Removal (b) Date thereof 2-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiawatha, Kansas

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Missouri.

19. (a) Feb. 21, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Brown 999
(c) City or town Hiawatha 14
(If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 18
year 1946 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from 2/9/46, 1946, to 2/18/46, 1946;
that I last saw h. & E. alive on 2/17/46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease, arteriosclerotic and Hyperthyroidism
Due to Toxic Goitre

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 97
Of autopsy _____

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 6

23. Signature [Signature] (M. D. 35006)
Address St. Joseph, Mo. Date signed 2/20

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

3681

34

APR 13 1968

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, GRX

Registered Embalmer
working under my personal supervision.

Signed Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St Joseph, Missouri

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.