

No. 2  
5-43  
5-17-39  
I X36671

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12183

**FILED** MAY 7 1946  
Registration District No. 28

Primary Registration District No. 3006

Registrar's No. 95

1. PLACE OF DEATH:

(a) County B Boone  
(b) City or town Columbiac  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
University Hospitals  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph 88  
(c) City or town Huntsville Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 302 East Clay  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Floyd Lee Jr.

3. (b) If veteran, name war. (c) Social Security No.

4. Sex Male 5. Color or race Black  
6. (a) Single,  widowed, married, divorced

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

7. Birth date of deceased: Jan 24 1945  
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name Floyd Lee

13. Birthplace Salisbury Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Viola Cozart

15. Birthplace Moberly Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Lee

(b) Address Huntsville Mo

17. (a) Burial (b) Date thereof: Apr. 22 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Tom B Patton

(b) Address Huntsville Mo

19. (a) 4-21-46 (b) Mrs R E Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1946 hour 6 minute 30 AM  
21. I hereby certify that I attended the deceased from April 20  
1946, 1946, to April 21, 1946  
that I last saw her alive on Apr 20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 2 days

Due to Death was sudden and having an attack

Due to of vomiting. Apparently not due to asphyxiation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 210 101

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) (a) Means of injury

23. Signature J H Bridger (M. D. or other)

Address 805 E Broadway Columbia signed 4/21/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
11092

RECEIVED  
District Health Officer No. 9.  
District File Number.....  
Date Filed 5-4-46

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Tom B. Patton  
Licensed Embalmer No. 3917  
P. O. Address Huntsville, Va

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.