F. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wetzel

State File No. 26894

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 713

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural; St. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ozark Osteo. Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether years, months or days)

In this community 11 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Stockton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruth Floyd

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Sherman Floyd

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Oct. (Month) 29, (Day) 1915 (Year)

8. AGE: Years 30 Months 9 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Stockton (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Chas. Todd
13. Birthplace Stockton (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Ethel Phipps
15. Birthplace Stockton (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Sherman Floyd
(b) Address Stockton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton, Mo.

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 8-27-46 (Date received local registrar) (b) By W. L. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1946 hour 12 minute 40 a.m.

21. I hereby certify that I attended the deceased from Aug 16 1946 to Aug 27 1946 that I last saw he alive on Aug 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Embolism

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations See post operative and pathologic

Of autopsy #

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Williams L. Wetzel (M. D. or Coroner)

Address Springfield, Mo. Date signed Aug 27/46

(Licensed Embalmer's Statement on Reverse Side)

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 E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.