

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1092**
Registrar's No. **474**

FILED FEB 11 1947

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5202 Independence Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **5 years**
years, months or days

3. (a) PRINT
FULL NAME

Lee Roy Floyd

3. (b) If veteran,

name war **no**

3. (c) Social Security

No. **491-14-C257**

4. Sex **male**
5. Color or race **white**

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

6. (b) Name of husband or wife
Ava

6. (c) Age of husband or wife if
alive **35** years

7. Birth date of deceased **May 23 1903**
(Month) (Day) (Year)

8. AGE: Years **43** Months **7** Days **8**

If less than one day
hr. min.

9. Birthplace **Greentop**
(City, town, or county)

Mo
(State or foreign country)

10. Usual occupation **Trucking**

11. Industry or business **Self**

12. Name **John Samuel Floyd**

13. Birthplace **Kirksville**
(City, town, or county)

Mo
(State or foreign country)

14. Maiden name **Mattie Zeener**

15. Birthplace **Bevier**
(City, town, or county)

Mo
(State or foreign country)

16. (a) Informant **Ava Floyd**

(b) Address **5202 Independence Ave.**

17. (a) **Removal**
(Burial, cremation, or removal)

(b) Date thereof **2-1-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Greentop Mo**

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc.**

(b) Address **2825 Independence Blvd.**

19. (a) **2-1-47**
(Date received local registrar)

Geraldine Holmes
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **5202 Independence Ave.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** Day **1**
year **1947** hour **9** minute **30** A. M.

21. I hereby certify that I attended the deceased from **JUNE 1, 1946**
to **FEB 1, 1947**
that I last saw him alive on **JAN 31, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **HYPOSTATIC**
PNEUMONIA

Duration
28 HRS

Due to **ADENOCARCINOMA OF**
RT LUNG

1 yr

Due to _____

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

Major findings:
Of operations _____

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 **2**

23. Signature **W. A. Boehlert** (M.D. or other) **D.O.**
Address **4314 E 9** Date signed **2-1-47**

(Licensed Embalmer's Statement on Reverse Side) **Kansas City, Mo.**

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

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

J. B. Blackman

Licensed Embalmer No.

2639

P. O. Address

A. C. 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.