

FILED FEB 13 1947

Primary Registration District No. 5625

Registrar's No.

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

1. PLACE OF DEATH

(a) County Laclede
(b) City or town Lebanon Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - 1/2 mile Creek Star Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53
(c) City or town (Dover) Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile Creek Star Route
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Bettie Jean Floyd

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

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased May 23 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 7 22 hr. min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Stewart Franklin Floyd

13. Birthplace 1/2 mile Creek Mo
(City, town, or county) (State or foreign country)

14. Maiden name Loone Salbig

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

16. (a) Informant Jessie Floyd

(b) Address Lebanon Mo Star Route

17. (a) Burial (b) Date thereof Jan 17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cem

18. (a) Signature of funeral director Cam Newton, Ms

(b) Address 2-8-47 (c) Dr. Frankberger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1947 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 14 1947 to Jan 15 1947 that I last saw her alive on Jan 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis - all her life Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g 3/12

Major findings: Of operations no operation

Of autopsy no autopsy 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 _____

23. Signature Cam Newton, Ms Address Lebanon Mo Date signed 1-28-47

Received 2/11/47

Laclede County Health Unit

File No. 1-47-16

Date Filed 2/11/48

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 Abbie Woolery

Licensed Embalmer No. 12488

P. O. Address Camden, 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.