

FILED JUL 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20348
State File No. _____
Registrar's No. 93

Registration District No. 11 Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Excelsior Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ella Lee Floyd

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / Color or race W

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

6. (b) Name of husband or wife Ben D. Floyd

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 23 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace Ardmore Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name James T. Ramage

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

14. Maiden name Melissa Mauldin
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ben D. Floyd

(b) Address Wewoka, Oklahoma

17. (a) Removal (b) Date thereof 6-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wewoka, Oklahoma

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 6/12/47 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Seminole 999

(c) City or town Newokator Springs 3d
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1947 hour 6:50 minute 9 M.

21. I hereby certify that I attended the deceased from June 11 -
1947, to June 12 - 1947
that I last saw her alive on June 12 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration ?

Due to arterio-sclerosis

Due to _____

Other conditions arterio-sclerosis
(Include pregnancy within 3 months of death)

Heart failure - Rt heart.

Major findings: _____

Of operations _____

Of autopsy GBB

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 0

23. Signature Estau Dawson (M. D. number) _____

Address Excelsior Springs, Mo Date signed 6-12-47

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

RECEIVED

District Health Officer No. 6,

Case File Number

7-10-17

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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.