

No. 300  
M-10-47  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8806**  
Registrar's No. **1072**

FILED MAR 20 1948, 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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

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: St. Joseph 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 35 YEARS years, months or days

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. 500 E. 78th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS BENTON LOYD  
(b) If veteran, name war No  
(c) Social Security No. NONE  
499-07-7540

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 7th  
year 1948 hour 12 minute 35 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
(b) Name of husband or wife Mrs. Catherine Loyd  
(c) Age of husband or wife if alive 68 years  
7. Birth date of deceased. SEPTEMBER 10 1873  
(Month) (Day) (Year)

Physician  
Pathologist  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
74 5 27 hr. min.

Due to Lacerations Hemorrhage Brain  
Fracture skull (multiple)  
Due to Fall at Home

9. Birthplace CAMDEN MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation NONE

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 10 lead  
Of autopsy Above  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name UNKNOWN LOYD  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Smithy Bernard Gizzo  
(b) Address 229 Wardparkway  
17. (c) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 10 1948  
(Month) (Day) (Year)  
(c) Place: burial or cremation FOREST HILL CEMETERY  
18. (a) Signature of funeral director W. Newcomer's Sons  
(b) Address 1401 BRUSH CREEK BLVD.  
19. (a) 3-9-48 (Date received local registrar) (b) Waldine Holmes (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accidental  
(b) Date of occurrence 6 Mar 48  
(c) Where did injury occur? Home Co. no 123  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home (Specify type of place)  
While at work No (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Waldine Holmes (M. D. or other)  
Address St Joseph Hospital Date signed Mar 48

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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..... *Emile M. Calhoun* .....

Licensed Embalmer No. *3506* .....

P. O. Address..... *K. 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.**