

No. 2  
-1/47  
5-17-39

19853

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics  
FILED JUN 16 1948

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. ....

1. PLACE OF DEATH:

(a) County..... **JASPER**

(b) City or town..... **JOPLIN**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **ST. JOHN'S** 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **2 days** (18hr)  
(Specify whether years, months or days)

In this community..... **45 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Jasper** 49

(c) City or town..... **Joplin** 2  
(If outside city or town limits, write "RURAL")

(d) Street No..... **107 N. Mina** 5  
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME..... **KENDRICK LLOYD**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex..... **MALE** 0 5. Color or race..... **WHITE**

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

6. (b) Name of husband or wife..... **DOLLYRUTH**

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

7. Birth date of deceased..... **January 23, 1896**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **April** day **17**  
year..... **1948** hour..... **4** minute..... **P.** M.

21. I hereby certify that I attended the deceased from **Apr 15**, 1948, to **Apr 17**, 1948;  
that I last saw him alive on **Apr 17**, 1948;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>52</b>	<b>2</b>	<b>24</b>	hr. .... min.

Immediate cause of death..... **Brain injury** 48hr

Due to..... **Skull fracture** 48hr

Due to..... **Car accident, collision**

Other conditions..... **Depressed skull fracture, hemorrhage of edema, brain**

(Include pregnancy within 3 months of death)

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

10. Usual occupation..... **Police Chief**

PHYSICIAN

Major findings: **Depressed skull fracture, hemorrhage of edema, brain**

Of autopsy.....

Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name..... **no record** 7

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

14. Maiden name..... **Kate Brown**

15. Birthplace..... **Missouri** 0  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Dolly Ruth Lloyd**

(b) Address..... **107 N. Mina, Joplin, Mo**

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

(b) Date thereof..... **4-20-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Ozark Memorial**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **Collision, car/31**

(b) Date of occurrence..... **Apr 15/48**

(c) Where did injury occur?..... **Intersecting State Hwy.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **public place**  
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... **[Signature]** (M. D. or other) **M.D.**

Address..... **470 Myers** Date signed..... **4/17/48**

18. (a) Signature of funeral director..... **PARKER-HUNSAKER**

(b) Address..... **1502 Joplin, Joplin, Mo**

19. (a) **4-26-48** (Date received local registrar)

(b) **[Signature]** (Registrar's signature)

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

49  
2  
5

DEC 21 1948

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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin 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.