

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

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:
GENERAL HOSPITAL # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution 24 days
(Specify whether years, months or days) 24 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 20th and Prospect Unit 7A
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3: (a) PRINT FULL NAME CECIL ROGERS
~~CECIL ROGERS~~ LOYD

3. (b) If veteran, name war. no 3. (c) Social Security No. None

4. Sex MALE 2 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPTEMBER 16 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

MOTHER FATHER
12. Name DAVID LOYD
13. Birthplace WICHITA KANSAS
(City, town, or county) (State or foreign country)
14. Maiden name VIOLA BLEWETT
15. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant VIOLA LOYD (MOTHER)
(b) Address 20th & Prospect, Unit 7 A

17. (a) Burial (b) Date thereof 10-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director
(b) Address 1212 S. 1st St. K.C. Mo

19. (a) 10-13-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 10th
year 1948 hour 10:05 minute A M.
21. I hereby certify that I attended the deceased from SEPTEMBER 19th
1948 to OCTOBER 10th 1948
that I last saw him alive on OCTOBER 10th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
MICROCEPHALIA

Due to
Due to

Other conditions TALIPES VARUS
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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. Frank Ellis
(e) Means of injury
23. Signature (M. D. or other)
Address Elm St. Hoop #2 Date signed

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

E. Sterling Bills

Licensed Embalmer No.

3178

P. O. Address

1212 Vine St. (2)

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.