

FILED FEB 16 1942  
347-14

Primary Registration District No. 4211

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:  
5106 Florence  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs (Specify whether years, months or days)

In this community 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor  
(If outside city or town limits, write "RURAL")

(d) Street No. 5106 Florence  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah E Lloyd

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1942 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased Jan 11 1942 to Jan 18 1942 that I last saw her or alive on Jan 18 1942 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles Lloyd 6. (c) Age of husband or wife if alive 6 years

7. Birth date of deceased (Month) 9 (Day) 6 (Year) 1870

Immediate cause of death Cerebral hemorrhage

Duration \_\_\_\_\_

8. AGE: Years 72 Months 4 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 430

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

10. Usual occupation Housewife

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Daniel Moore

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

14. Maiden name Mancy Taylor

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

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 [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed 1-21-42

16. (a) Informant Charles Lloyd

(b) Address Windsor Mo

17. (a) Burial (b) Date thereof 1 21 42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) Jan 22-42 (b) Georgia Kitcher (Date received local Registrar) (Registrar's signature) S.R.

RECEIVED

District Health Officer No. 7,

District File Number 2-42-58

Date Filed 2-10-42

**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 Fred W. Keenan

Licensed Embalmer No. 2778

P. O. Address Clinton, 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.