

U. S. No. 2  
Form 9-4-41  
Rev. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37183

State File No. ....

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 204

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days

3. (a) PRINT FULL NAME James Edward Loyd

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

4. Sex male 5. Color or face white 6. (a) Single, widowed, married, divorced sm

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

7. Birth date of deceased May 12 1942  
(Month) (Day) (Year)

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

5 21 12 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name James a Loyd

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

14. Maiden name Delia Hobb

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

16. (a) Informant Mrs Jas a Loyd

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 11-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consensus & Peck

(b) Address Clinton mo

19. (a) Nov. 2, 1942 (b) Herbert Kitchener  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

(d) Street No. 209 W Henry  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2  
year 1942 hour 3 minute 30 AM

21. I hereby certify that I attended the deceased from 10-20 1942 to 11-2 1942  
that I last saw him alive on 10-30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Gastro-Enteritis 14 days  
Broncho pneumonia (influenza) 3 days

Due to..... Duration

Due to.....

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

Major findings: 119a

Of operations.....

Of autopsy.....

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)

(c) Means of injury.....

23. Signature Eugene D. Neuh (M. D. or other) MD

Address Clinton mo Date signed 11-2-42

1069

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1356

Date Filed 12-10-42

---

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:

*J. E. Consolet*

Licensed Embalmer No. 1891

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.