

No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42422

FILED JAN 10 1948

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 236

42
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County HENRY

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

(c) Name of hospital or institution:
WEITZEL HOSP. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 HRS.
(Specify whether)

In this community 73 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

(c) City or town CLINTON, RR # 4
(If outside city or town limits, write "RURAL")

(d) Street No. DAVIS TWP
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALLEN THOMAS LOYD

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JENNIE LOYD

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

7. Birth date of deceased FEB. 12 1870
(Month) (Day) (Year)

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

73 10 12 hr. min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name CLAYTON LOYD

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

14. Maiden name NANCY ANSDON

15. Birthplace J.H. I
(City, town, or county) (State or foreign country)

16. (a) Informant Bryan Loyd

(b) Address Clinton MO RR # 4

17. (a) BURIAL (b) Date thereof 12-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem.

18. (a) Signature of funeral director W. H. Cassant

(b) Address Clinton MO

19. (a) Dec. 26, 1948 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1948 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from Dec 22
1948, to Dec 24, 1948
that I last saw h. in alive on Dec 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
hypertension

Due to Bacterial Pneumonia
hypertension

Due to

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: 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) (e) Means of injury

23. Signature Guad N. Kitcher (Seal or other) no
Address Clinton MO Date signed 12/26/48

RECEIVED

District Health Officer No. 71

District File Number 12-43441

Del. No. 1-6-44

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, by

Registered Apprentice No. _____

working under my personal supervision.

Signed W. J. Wansant

Licensed Embalmer No. 3779

P. O. Address Salisbury 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.