

FILED JUN 14 1945

Primary Registration District No. 3023

Registrar's No. 916

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo RR 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 82 years, months or days

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. RR 3 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

SUSAN LOYD

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

4. Sex Female 5. Color or race W
6. (a) Name of husband or wife Will D. Loyd 6. (b) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 5 1866
(Month) (Day) (Year)

8. AGE: Years 79 84 Months 3 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Home work

11. Industry or business _____

MOTHER FATHER

12. Name Peter Dehn
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Long
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marvyn Long
(b) Address Clinton mo

17. (a) Burial (b) Date thereof 6-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conselus + Russ
(b) Address Clinton mo

19. (a) 6/7/45 (b) Myrtle Browlee
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1945 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 20 1945 to June 4 1945
that I last saw her alive on June 4 1945
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Hemorrhage Duration 2 days
Due to _____
Due to _____

Other conditions Hypertension and
(Include pregnancy within _____ months of death)
Jaundice

Major findings of operations _____
Of autopsy § 20

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)
(a) Means of injury _____

23. Signature R. H. Hatterman M. D. or other _____
Address Clinton mo Date signed 6/6/45

JUL 25 1945

RECEIVED

District Health Officer No. 7,

District File Number 6-42-680

Date Filed 7-12-45

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. Corison

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.