

FILED MAY 13 1946

Registration District No. **7**

Primary Registration District No. **2023**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Clinton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community **25 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry** **42**
(c) City or town **Repuberta** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Lillie Etta Lloyd**
3. (b) If veteran, name war **✓**
3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **3**
year **1946** hour **7** minute **30 A** M.

21. I hereby certify that I attended the deceased from **April 1st** 19**42** to **Apr. 3** 19**46**
that I last saw her alive on **4/3/46** 19**46**
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 **Samuel Lloyd** 6. (c) Age of husband or wife if alive **83** years
7. Birth date of deceased (Month) **8** (Day) **21** (Year) **1878**

Immediate cause of death **Myocarditis High Blood Pressure**
Due to **Abnormalities**

8. AGE: Years **67** Months **7** Days **12** If less than one day hr. min.

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **938**
Of autopsy

9. Birthplace **Polk Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **Lena Wingate**
13. Birthplace **not known** (City, town, or county) (State or foreign country)
14. Maiden name **Martha Stewart**
15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Sam Lloyd**
(b) Address **Repuberta Mo**

17. (a) **Burial** (b) Date thereof **4 8 46** (Month) (Day) (Year)
(c) Place: burial or cremation **Peaceful Home**

18. (a) Signature of funeral director **Fred Wilkinson**
(b) Address **Clinton Mo**

19. (a) **4-7-44** (b) **R. B. Kenney** (Date received local registrar) (Registrar's signature)

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 **0**

23. Signature **W. J. Russell** (M. D. certificate)
Address **Repuberta Mo** Date signed **4/7/46**

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

120

RE...
D...
District No. 1,
4-46-408
Date Filed 5-10-46

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 Wilkerson
Licensed Embalmer No. 2978
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.