

State File No. _____

Registrar's No. 18

Registration District No. 137

Primary Registration District No. 4214

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 420
(c) City or town Deepwater MO
(If outside city or town limits, write "RURAL")
(d) Street No. at home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Josie May Loyd

3. (b) If veteran name war no

3. (c) Social Security No. no

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

6. (b) Name of husband or wife Stephen Dewey Loyd 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 11 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace: Lewis Station MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name E. J. Thompson

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

14. Maiden name Eugene Wilson Humbert

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

16. (a) Informant Dr. J. Loyd

(b) Address Deepwater, MO

17. (a) burial (b) Date thereof 1-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. M. Dunning Cemetery

18. (a) Signature of funeral director John H. ...

(b) Address Deepwater, MO

19. (a) 1-22-47 (b) R. R. Kerney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19
year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1-17-47 to 1-19-47
that I last saw h. or alive on 1-19-47
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 36 hrs

Due to Hypertension

Due to _____

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

Major findings: Of operations 83A

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 2

23. Signature Dr. C. P. ... (M. D. or other) MD
Address Deepwater MO Date signed 1-20-47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
REGISTERED APPRENTICE NO. 7

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 *Tom Street*.....

Licensed Embalmer No. 2782.....

P. O. Address Depue, 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.