

No. 300
-10-47
5-17-39
D-I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36281**

FILED DEC 7 1948
Registration District No. **297**

Primary Registration District No. **4218**

Registrar's No. **243**

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
no 504 Florence St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. no

In this community 20 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME CHARLES LLOYD

3. (b) If veteran, name war. no.

3. (c) Social Security No. no.

4. Sex MALE 5. Color or race white

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

6. (b) Name of husband or wife. _____

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

7. Birth date of deceased Mar. 5 1860
(Month) (Day) (Year)

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

88 8 24 hr. — min.

9. Birthplace Green County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name unknown 9

13. Birthplace unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Bush

(b) Address Windsor Missouri

17. (a) Burial (b) Date thereof. 12-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation same oak cemetery

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clinton mo

19. (a) 12-1-48 (b) R.P. Kennedy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 72

(c) City or town Windsor 2
(If outside city or town limits, write "RURAL")

(d) Street No. 504 Florence 1
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1948 hour 13 minute _____ M.

21. I hereby certify that I attended the deceased from none
_____ 19____, to _____ 19____;

that I last saw him alive on none, _____ 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in bed

Due to Probably same kind of heart trouble

Due to _____

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

Major findings:
Of operations _____

Of autopsy 95

Duration _____

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 0

23. Signature W. M. Wall (M. D. or other) MD
Address Windsor mo Date signed 12/2/48

RECEIVED

District Health Officer No. 71

District File Number 11-48-141

Date Filed 12-8-48

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. *2478*

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.