

FILED FEB 14 1945  
Registration District No. 297

Primary Registration District No. 6022

State File No. \_\_\_\_\_

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Rayville Rural  
(c) Name of hospital or institution: St. Joseph's  
(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 Ray  
(c) City or town Rayville Rural  
(d) Street No. One Mile  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Edgar Loyd

(b) If veteran, name war No (c) Social Security No. 078-05-1120

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Loyd 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April 11 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 94 24 hr. min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Smith Loyd  
13. Birthplace Ray Co. Mo.  
14. Maiden name Mary Sloan (State or foreign country)  
15. Birthplace Ray Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Loyd  
(b) Address Rayville. Mo.

17. (a) Burial (b) Date thereof Feb. 4, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Richmond. Mo.

19. (a) Feb 8 45 (b) Miss Pearl W. Sheppard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3  
year 1945 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 31, 1945, to Feb 3, 1945  
that I last saw him alive on Feb. 3, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Left Broncho-Pneumonia

Due to Influenza

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Edna E. Buehler (M. D. or other) \_\_\_\_\_  
Address Lawson Mo. Date signed Feb 9 1945

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

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

RECEIVED

District Health Officer No. 8,

District File Number 2-13-43

Date Filed .....

AUG 10 1945

OCT 31 1945

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, [Signature]  
Registered Apprentice No. ....  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.