

FILED MAR 3 1948

Registration District No. 231

Primary Registration District No. 5812

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural Prairie  
(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 Seventy years  
years, months or days

3. (a) PRINT FULL NAME SUSIE ELIZABETH FLOYD

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife W S. Floyd

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

7. Birth date of deceased Jan 1858  
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 8  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

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

12. Name George D. Hart

13. Birthplace Burke W. Va  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Hart

15. Birthplace Beverly W. Va  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie L Pew

(b) Address Wellsville Mo

17. (a) Burial (b) Date thereof Feb 16 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Middletown Mo

18. (a) Signature of funeral director C. C. Kuhn

(b) Address Wellsville Mo

19. (a) 2-16-48 (b) Zoe F. Chapman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

(c) City or town Rural Prairie  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 48 hour 6 minute 6 M.

21. I hereby certify that I attended the deceased from Aug 9 1947 to Feb 16 1948  
that I last saw her alive on Feb 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to arteriosclerosis

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

Other conditions Fracture of right femur  
(Include pregnancy within 3 months of death)

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

Of autopsy 1867

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 J. L. Johnson (M. D. or other) \_\_\_\_\_  
Address Middletown Mo Date signed 2/15/48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

ADDITIONAL INFORMATION REQUESTED To

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**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 C. C. Kuhn

Licensed Embalmer No. 3059

P. O. Address Wellsville, 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.**