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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5404

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)
In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette
(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

3. (a) PRINT FULL NAME Alva B. Cloud
3. (b) If veteran, name war ------
3. (c) Social Security No 486-12-6762
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs R. H. Walker
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Dec. (Month) 18, (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
75	2	1	hr. min.

9. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Bookkeeper
11. Industry or business

MOTHER FATHER
12. Name Zeno Cloud
13. Birthplace (City, town, or county) Indiana (State or foreign country)
14. Maiden name Caroline Pierce
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs Hurley Slagle
(b) Address Fayette, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation California Mo.
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) 2-20-1946 (Date received local registrar) (b) Dorothy Lee Baker (Registrar's signature) Deputy

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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1946 hour 4:30 minute P M.
21. I hereby certify that I attended the deceased from Jan 10 1946 to Feb 19 1946 that I last saw him alive on Feb 19 1946 and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Cerebral Hemorrhage	5 hrs
Due to: Cardio-Vascular Renal disease	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations 3/6
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W A Bloom (M. D. or other) M. D.
Address Fayette Mo Date signed 2-20-46

RECEIVED
District Health Officer No. 8,
District Filo Number _____
Date Filed 3-8-46

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.