

JAN 17 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

43452

Registration District No. 328Primary Registration District No. 5461

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Grundy
 (b) City or town Benton P.F.D. #4
 (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 8-0-18
years, months or days)8. (a) PRINT FULL NAME MARGARETTE BOYLE LOU

8. (b) If veteran, name war.
 8. (c) Social Security No.

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

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

7. Birth date of deceased Nov 22 1931
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 0 18 hr. min.

9. Birthplace GRUNDY COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business _____

MOTHER FATHER
 { 12. Name NORMAN BOYLE
 { 13. Birthplace GRUNDY COUNTY MISSOURI
 { (City, town, or county) (State or foreign country)
 { 14. Maiden name GRACE PROTHERA
 { 15. Birthplace LIVINGSTON COUNTY MISSOURI
 { (City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. J. D. #4
 (b) Address Norman Boyle
 17. (a) BURIAL (b) Date thereof DEC 12-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHELburne CEMETERY

18. (a) Signature of funeral director R. B. Sweeney
 (b) Address PRENTON MISSOURI

19. (a) 12-17-39 (b) James D. Saw
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County GRUNDY
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. P.F.D. #4
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th
 year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 1st
 1939, to Dec 10th 1939;
 that I last saw her alive on Dec 10th 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Catagenic Sarcoma of
nasal

Duration

6 monthsDue to Do not know

Due to _____

Other conditions
 (Include pregnancy within 3 months of death) 45

Major findings:
 Of operations _____

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? _____

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

23. Signature Oliver F. Duffy M.D. (M. D. or other) _____

Address Benton Mo Date signed Dec 11 1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District No. 11, Council No. 11,
District File No. 140-1972
Date Filed JAN 15 1940

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.....

Clifford Obry

Licensed Embalmer No. 3423

P. O. Address *Stenton, Missouri*

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, above space should be left blank.