

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FEB 17 1940

Registration District No.

556

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

3085

Primary Registration District No.

5750

Registrar's No.

5

1. PLACE OF DEATH:

- (a) County Mercer  
(b) City or town Princeton "Rural" Morgan township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 350  
(Specify whether years, months or days)  
In this community 350  
years, months or days

3. (a) PRINT  
FULL NAME

Sarah Jane Boyd

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex

Female

5. Color or

race

White

6. (a) Single, widowed, married,

divorced widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

April 14

1863

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

86

9

15

hr.

min.

9. Birthplace

Morgan Co. Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

housewife

11. Industry or business

MOTHER FATHER

12. Name

James Gidner

13. Birthplace

Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name

Richard

15. Birthplace

Ky.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

S. B. Boyd

(b) Address

Princeton Mo.

17. (a) Princeton

(Burial, cremation, or removal)

(b) Date thereof

Jan 31 1940

(Month) (Day) (Year)

(c) Place: burial or cremation

Princeton Mo.

18. (a) Signature of funeral director

Princeton Mo.

(b) Address

Princeton Mo.

19. (a)

(Date received local registrar)

(b)

J. M. Parker

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Mercer  
(c) City or town Princeton Morgan township  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
year 1940 hour 1230 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 23-24 1940 to Jan 28 1940  
that I last saw her alive on Jan 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Bronchitis 6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

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

Charles R. Buren (M. D. or other)

Address

Princeton Mo.

Date signed Jan 29

(Licensed Embalmer's Statement on Reverse Side)

Charles R. Buren

RECEIVED

District Health Officer No. 11,

District File Number 246-148

Date Filed FEB 13 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 me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Doel Moss

Licensed Embalmer No. 2634

P. O. Address Princeton 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, above space should be left blank.