

FEB 13 1940

Registration District No. 583

Primary Registration District No. 5779

State File No. _____

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Monroe
 (b) City or town Rural Jackson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4 mi S.W. Paris
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 14 yrs. (Specify whether years, months or days) 200

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monroe
 (c) City or town Rural-Jackson
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 mi S.W. Paris
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ROBERT HENRY BOYES

3. (b) If veteran, name war 3. (c) Social Security No.

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

6. (b) Name of husband or wife NOVA BELLE GARNER 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased MAY 3, 1869
 (Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace BATH N.Y.
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name ELY BOYES

13. Birthplace N.Y.
 (City, town, or county) (State or foreign country)

14. Maiden name ELIZA J. SMITH
 (City, town, or county) (State or foreign country)

15. Birthplace N.Y.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. M. Boyes
 (b) Address Paris, Mo

17. (a) Burial, cremation, or removal Walnut Grove (b) Date thereof 1-16-40
 (Month) (Day) (Year)

18. (a) Signature of funeral director none
 (b) Address _____

19. (a) 1-15-40 (b) F. A. Barnett M.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1940 hour 1 minute 17 M.

21. I hereby certify that I attended the deceased from Aug. 19 39 to Jan. 10, 1940 that I last saw him alive on Jan. 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death chr. myocarditis with decompensation. Duration 12 mo.

Due to _____
 Due to ASC
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy None

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) no
 (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 F. A. Barnett M.D. (M. D. or other) _____
 Address Paris, Mo. Date signed 1-15-40

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 Health Officer No. 10

District File No. 2-40-285

Date Filed FEB 12 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.....

Licensed Embalmer No.....

P. O. Address.....

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.