

Registration District No. 40

Primary Registration District No. 2002

Registrar's No.

HOLD MAP 11 1940

1. PLACE OF DEATH:

(a) County Wagoner

(b) City or town Wagoner
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2006 Wagoner 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 55 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wagoner

(c) City or town Wagoner - RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Wagoner - Saginaw
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mrs. Biddie Boyd

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1940 hour 1:30 minute 0 M.

4. Sex Female 5. Color or race W

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

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

7. Birth date of deceased June 22 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 17 1939 to Jan 23 1940 that I last saw her alive on Jan 23 1940 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66 7 20 hr. _____ min.

Immediate cause of death Arched Hemorrhage 2 mo.

Due to _____

Due to _____

9. Birthplace Cherryvale, Kansas
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name Samuel B. Michaels

13. Birthplace Unknown, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. Lawrence

15. Birthplace Unknown, Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy None

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Cary Gial

(b) Address Wagoner, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence NO

(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? _____

17. (a) burial (b) Date thereof Feb 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saginaw Cemetery

18. (a) Signature of funeral director W. D. Jones

(b) Address Wagoner, Mo. 312

19. (a) 2-13-40 (b) W. D. Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (to) _____ (to) _____ means of injury

23. Signature W. D. Jones (M. D. or other) MD

Address Wagoner, Mo. Date signed 2-13-40

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

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. 6,

District File Number 340-729

Date Filed MAR 8 1940

MAY 6 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.....

C. W. Hedge....., Registered Apprentice No. 2859,
working under my personal supervision.

Signed C. W. Hedge.....

Licensed Embalmer No. 2859.....

P. O. Address Wash City.....

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.