DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6985

FILED MAR 11 1940

Registration District No. 41 — Primary Registration District No. 2002 — Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 411 North Wall (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) 45 Years

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 411 North Wall (If rural, give location)

(e) If foreign born, how long in U. S. A.? None years.

3. (a) PRINT FULL NAME Harry H. Boyland

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Coessa Boyland

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased July (Month) 4 (Day) 1858 (Year)

8. AGE: Years 81 Months 7 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Finley (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business Grocery

FATHER
12. Name A.E. Boyland
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Hartman
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jack Johnson

(b) Address 411 N. Wall : Joplin, Mo.

17. (a) Mt HOPE. (Burial, cremation, or removal) (b) Date thereof 2-13-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt HOPE. CEM.

18. (a) Signature of funeral director [signature]

(b) Address 212 Joplin St. Joplin, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10 year 1940 hour 12 minute 01 P. M.

21. I hereby certify that I attended the deceased from Jan. 26, 1940, to Feb. 10, 1940; that I last saw him alive on Feb. 4, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure, with generalized edema and anasarca	8 wks
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. T. Blanke (M. D. or other) MD

Address Joplin Mo. Date signed 2-13-40

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-5-17-39 Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 6,
District File Number 340-721
Date Filed MAR 8 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. 959

P. O. Address Joplin 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.