

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10144**

Registration District No. **69**

Primary Registration District No. **51**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Bollinger**
(b) City or town **Greenbrier Mo. Wayne**
(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 **2**
(Specify whether)
In this community **All his life,**
years, months or days)

3. (a) PRINT FULL NAME **John Franklin Boyd 3rd**

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 **Widower**

6. (b) Name of husband or wife **Janie Boyd** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **March, 14 1856**
(Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **14** If less than one day
hr. _____ min. _____

9. Birthplace **Greenbrier** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Unknown** **9**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant's own signature **E. C. Masters**

(b) Address **Greenbrier**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 29 40**
(Month) (Day) (Year)

(c) Place: burial or cremation **Cato Cemetery**

18. (a) Signature of funeral director **Baker Funeral Home**

(b) Address **Lutesville, Mo**

19. (a) **3/25** (Date received local registrar) (b) **May Julie B. 1940** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Bollinger**
(c) City or town **Greenbrier**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **28**
year **1940** hour **8** minute _____ A. M.

21. I hereby certify that I attended the deceased from **May 5 1939**
_____, 19____, to **Feb 28**, 19____
that I last saw him alive on **Feb 26**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic endocarditis
Due to **Chronic nephritis**

Due to **Senility**

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

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

23. Signature **E. C. Masters** (M. D. or other) **110**

Address **Advance Mo.** Date signed **Mar 5 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 Thomas B. Graham

Licensed Embalmer No. 4010

P.O. Address Lutetia, 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.