

FILED APR 8 40/40

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(c) Name of hospital or institution Boone County Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 hours  
(Specify whether years, months or days) Entire life

8. (a) PRINT FULL NAME SARAH RUTH BOYCE

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

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife A. B. Boyce  
6. (c) Age of husband or wife, if alive 26 years

7. Birth date of deceased June 25 1912  
(Month) (Day) (Year)

8. AGE: Years 27 Months 8 Days 21  
If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) Mo O (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name S. A. Bellis  
13. Birthplace Adrain Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mervin Brown  
15. Birthplace Adrain Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant A. B. Boyce

(b) Address Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Grandview Cem

18. (a) Signature of funeral director Boherty

(b) Address Columbia Mo

19. (a) 3/16/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1940 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 14, 1940  
\_\_\_\_\_ 19 \_\_\_\_\_ to March 15 1940

that I last saw her alive on March 15 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism - infarction right lung.

Due to Post-operative ruptured acute appendix

Other conditions (Include pregnancy within 3 months of death)

Major findings: Acute ruptured appendicitis  
Of operations not done  
Of autopsy not done

Duration

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 Robert W. Simpson (M. D. or other) Mo  
Address Columbia Mo Date signed 3/16/40

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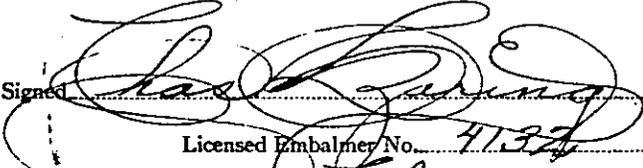
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**STATEMENT BY LICENSED EMBALMER**

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. 7137

P. O. Address Columbia, 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.**