

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Jasper, Mo.  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Jane Chinn  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 weeks  
 In this community 83 Years (Specify whether years, months or days) 2/10

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
 (c) City or town Diamond-- Rural Route  
 (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.

8. (a) PRINT FULL NAME George W. Boyd.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Ida B Boyd. 6. (c) Age of husband or wife if alive \*\*\*\*\* years  
 7. Birth date of deceased Sept 7th --- 1856.  
 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 25 If less than one day 25 hr. 25 min.

9. Birthplace Newton Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming.  
 11. Industry or business same

MOTHER FATHER  
 12. Name James T. Boyd.  
 13. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Emily B. Davison.  
 15. Birthplace Newton Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. H. Boyd  
 (b) Address 2430 Main St Joplin Mo  
 17. (a) BURIAL (b) Date thereof 13-5-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Diamond Mo. Cemetery  
 18. (a) Signature of funeral director James K. Huelbert  
 (b) Address Joplin Mo  
 19. (a) MCH-5-40 (b) J. H. Huelbert MD  
 (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3  
 year 1940 hour I minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-12, 1940, to 3-3, 1940  
 that I last saw him alive on 3-3, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis  
 Due to age & enlarged prostate  
 Due to 1/21  
 Other conditions (include pregnancy within 3 months of death) 1/21

PHYSICIAN  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? at home  
 (Specify type of place) (e) (Cause of injury) \_\_\_\_\_  
 23. Signature MD Huelbert (M. D. Other) MD  
 Address 205 N. Broadway Date signed 3-5-40

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.

FORM 1 1938

RECEIVED

District Health Officer No. 6,

District File Number 440-934

Date filed APR 4 1940

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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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. 959

P.O. Address Japan 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.