

Registration District No. 41 OCT 23 1940

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 Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 54 yrs
(years, months or days)

3. (a) PRINT FULL NAME Harry B. Boyd

3. (b) If veteran, name war * * * 3. (c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Ada Boyd 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased October 15, 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Oronogo Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman 9

11. Industry or business Milling Co. 9

12. Name John W. Boyd 9

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

14. Maiden name Flora Crosby

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

16. (a) Informant Mrs Mary Ada Boyd

(b) Address Joplin Mo

17. (a) Burial (b) Date thereof 9/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Herbert and Co.

(b) Address Joplin, Mo. 377

19. (a) 9-24-40 (b) Ed S. Jensen 10
(Date received local registrar) (Registrar's signature)

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. 1912 Murphy
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 22 day 22
year 1940 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 17 1940 to Sept 22 1940
that I last saw him alive on Sept 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancerous
signs thromboses following short chain chyp. Impacted
Due to arising from a scratch on nose about Sept 4

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) accident?
(b) Date of occurrence about Sept 14
(c) Where did injury occur? Home Joplin Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) Means of injury Finger nail

23. Signature Ed S. Jensen (M. D. or other) Address Joplin Mo Date signed 9-24-40

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

4
3
2
1
Do Joplin

T.C.

MAY 26 1944

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, fact should be so stated above.