

Registration District No. 417

Primary Registration District No. 5561.D.

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution:
North Main street road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

FILED DEC 13 1940

3. (a) PRINT FULL NAME Mrs. Mary Boyd Stabe

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

4. Sex F. 5. Color or race W. 6. (a) Divorced Single, widowed, married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased October 26, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 -- 16 hr. min.

9. Birthplace no data Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business Home

12. Name B. F. Boyd

13. Birthplace no data Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Christiana Hephrey

15. Birthplace no data Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant L. E. Boyd

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 11/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director W. J. Nelson

(b) Address Webb City, Missouri

19. (a) NOV. 14, 40 (b) J. L. Britchett M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1940 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 6,
1939, to Nov 12, 1940
that I last saw her alive on Oct 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Embolus

Due to _____

Due to OH

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? _____

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

23. Signature B. A. Dumbauld (M. D. certifier) M.D.

Address Webb City, Mo Date signed 11-14-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

E. V. Hedge

Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. V. Hedge

Licensed Embalmer No. *2859*

P. O. Address.....

Webb Ridge

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.