

REC'D APR 11 1941

CERTIFICATE OF DEATH

DEPT. OF PUBLIC HEALTH STATE OF ~~TENNESSEE~~ ^{MO} DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE ^{MO} BUREAU OF THE CENSUS

REG. NO. 11596
REG. DIST. NO.

1. FULL NAME (FIRST MIDDLE LAST) A. B. Boy 2. DATE OF DEATH (MONTH DAY YEAR) Feb. 27 1941

3. PLACE OF DEATH:
COUNTY Jennings CIVIL DISTRICT 1st
CITY OR TOWN Raymond Mo.
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL _____
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. LEGAL RESIDENCE: yes A) STATE MO
B) COUNTY Jennings CIVIL DISTRICT 1st
C) CITY OR TOWN Raymond Mo. 11
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. Wagonville mo 11
E) IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.

5. RACE OR COLOR White 6. SEX Male SINGLE, MARRIED, WIDOWED, DIVORCED Married
8. AGE 74 YEARS 1 MONTHS 26 DAYS IF LESS THAN ONE DAY HRS. _____ MINS. _____
9. DATE OF BIRTH: MONTH Jan. DAY 1st YEAR 1867
10. PLACE OF BIRTH: CITY OR COUNTY Jennings STATE OR COUNTRY _____
11. HUSBAND OR WIFE OF Ella Boy
AGE OF HUSBAND OR WIFE, IF LIVING 70 YEARS
12. IF VETERAN _____ SOCIAL SECURITY NUMBER _____
NAME OF WAR _____
13. USUAL OCCUPATION Retired Farmer

MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 20 1941 TO Feb. 27 1941
AND THAT I LAST SAW HIM ALIVE ON Feb. 26 1941
AND THAT DEATH OCCURRED ON THE DATE STATED AT 3P. M.
IMMEDIATE CAUSE OF DEATH:

arterio sclerosis
hypertension
arterio sclerosis
DUE TO: hypertension
myocardial infarction
OTHER CONDITIONS: senility
(INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
OPERATION? _____ FINDINGS _____
AUTOPSY? _____ FINDINGS _____

14. INDUSTRY OR BUSINESS _____
15. FULL NAME George Boy
BIRTHPLACE CITY OR COUNTY Unknown STATE OR COUNTRY 9
16. MAIDEN NAME Unknown
BIRTHPLACE CITY OR COUNTY Unknown STATE OR COUNTRY 9

21. 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 COUNTY STATE _____
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE? _____
WHILE AT WORK at home MEANS OF INJURY _____
SIGNATURE W. H. M. D.
ADDRESS Raymo, mo DATE SIGNED 3-6-41

17. INFORMANT Mr. Clint Seals
ADDRESS Pistonville Tenn. R.F.D.
18. BURIAL, REMOVAL OR CREMATION Remove DATE 2/27 1941
CEMETERY Madie PLACE Lake Co.
19. UNDERTAKER J. W. Lundy & Son
ADDRESS Overburg Tenn. F. C. Denton
DATE FILED 3/12/41 REGISTRAR Pearl Kelley

4-41-20

CERTIFIED COPY ISSUED

DATE _____ NUMBER _____

11 21

REGULATIONS FOR FILING DEATH CERTIFICATES (SEC. 5862, CODE OF 1932)

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR OBTAINING AND FILING THE COMPLETED DEATH CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE UNDERTAKER PREPARES THE PERSONAL AND STATISTICAL PARTICULARS OF THE CERTIFICATE. THE SIGNATURE OF THE INFORMANT IS REQUIRED.

THE SIGNATURE AND ADDRESS OF THE UNDERTAKER IS REQUIRED.

THE MEDICAL PORTION OF THE CERTIFICATE IS TO BE PREPARED AND SIGNED BY THE PHYSICIAN LAST IN ATTENDANCE. THE PHYSICIAN CANNOT AUTHORIZE OTHER PERSONS TO SIGN FOR HIM.

WHERE DEATH OCCURS WITHOUT MEDICAL ATTENDANCE, THE MEDICAL PORTION OF THE CERTIFICATE IS TO BE SIGNED BY THE HEALTH OFFICER OF THE COUNTY WHERE DEATH OCCURRED.

CAUSE OF DEATH IS TO BE STATED, AND THE CERTIFICATE SIGNED BY THE CORONER WHERE INQUESTS ARE HELD.

ALL ITEMS SHOULD BE COMPLETE. INSERT "UNKNOWN" WHERE DEFINITE INFORMATION CANNOT BE OBTAINED.

ADDITIONAL INFORMATION BY PHYSICIAN.

Registration District No. 114
653

Primary Registration District No. 5645667

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Pemissac
(b) City or town Boyer
(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 _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pemissac
(c) City or town Hayward
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

H. B. Boy

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased 1 - 1 - 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Retired farmer

11. Industry or business _____

- MOTHER FATHER
12. Name George Boy
13. Birthplace unkn
(City, town, or county) (State or foreign country)
14. Maiden name unkn
15. Birthplace unkn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clint Galat

(b) Address Siptonville Tenn

17. (a) Removal (b) Date thereof: 2-27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madie Cemetery Tenn

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

(b) Address Oyersburg Tenn

19. (a) Jan 9 - 1941 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic
arteriosclerosis

Due to hypertension

Myocardial Insufficiency

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(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 A. G. Shirey (M. D. or other) _____

Address Dayton Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11596

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.