

FILED MAY 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16103**
Registrar's No. **21**

Registration District No. **859** Primary Registration District No. **6128**

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Branson - MO
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney
(c) City or town Branson
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME MAY LOUISE HOYT

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 James Harvey Hoyt 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept. 9 - 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Wright
13. Birthplace Don't know
14. Maiden name Don't know
15. Birthplace Don't know

16. (a) Informant James N. Hoyt
(b) Address Hannauville Mo.

17. (a) Burial (b) Date thereof 4-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Branson, Mo.

18. (a) Signature of funeral director Whitfield F. Stone
(b) Address Branson, Mo.

19. (a) 4-19-41 (b) John H. Baxter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1941 hour 11:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 12, 1941, to April 18, 1941, that I last saw her alive on April 18, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Don't know

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

Duration 2 wks.
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?
774 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Harry T. Swain M. D. or other M.D.
Address Branson, Mo. Date signed 4/19/41

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

RECEIVED

District Health Office **NE 6**

District File Number 541-1697

Date Filed MAY 5 1941

MAY 5 1941

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.