S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21052

Registration District No. 29 — Primary Registration District No. 5038 — Registrar's No. 44

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville (Rural) Flat Creek

(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 years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Cassville (Rural)

(If outside city or town limits, write "RURAL")

(d) Street No. Route 1, (Flat Creek Twp.) (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Jennie Elsie Boyd

3. (b) If veteran, name war _____

3. (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 John Boyd

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased (Month) Jan. (Day) 28, (Year) 1885

8. AGE: Years 55 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER

12. Name J. W. Nickle

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

14. Maiden name Hattie Jones

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

16. (a) Informant John Boyd

(b) Address Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/40 (Month) (Day) (Year)

(c) Place: burial or cremation Sparks

18. (a) Signature of funeral director Koon Funeral Home

(b) Address Cassville, Mo.

19. (a) 6-30-1940 (Date received local registrar) (b) Geo. W. Neuman, M. D. (Registrar's signature) By M. M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1940 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 11, 1940 to —, 19__; that I last saw him alive on _____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia of Cerebral Hemorrhage — Duration Few Hours

Due to Traumatic Cerebral Hemorrhage

Due to _____

Other conditions Two previous attacks (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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? (Specify type of place)

While at work? 30 (e) Means of injury 3 Coroner

23. Signature Boyd Gallaway (M. D. or other)

Address Neosho Mo Date signed 6-12-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 741-1218
Date Filed JUL-1-4 1941

cerebral Hemorrage

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 Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Caseville, Mo.

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

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