DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22919

Registration District No. FILED JUL 22 1941 834

Primary Registration District No. 6101.

Registrar's No. 11.

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural Richland Twp. Tr.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Essex, Mo. #2
(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 Missouri (b) County Stoddard 109

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Essex, Mo. #2 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Levi J. Boyt

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ida Boyt

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

7. Birth date of deceased July (Month) 14 (Day) 1882 (Year)

8. AGE: Years 58 | Months 9 | Days 3 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Jack Boyt
13. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace ..... (City, town, or county) No Redord (State or foreign country)

16. (a) Informant Loran Boyt
(b) Address Dexter, Mo.

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

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 7-1-41 (Date received local registrar) (b) J P Brandon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1941 hour 4 minute X A. M.

21. I hereby certify that I attended the deceased from One Call I think In Mar
that I last saw h..... alive on ....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Possibly heart attack

Due to found dead

Due to Ved.

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) .....
(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? ✓ (e) Means of injury .....

23. Signature J. P. Brandon (M. D. or other) 0
Address Essex Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 741-98
Date Filed 7/19/41

OCT 23 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 [signature]

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo

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.