

FILED AUG 25 1941

Registration District No. **H-91**

Primary Registration District No. **57.54**

Registrar's No. _____

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

57
00
0

1. PLACE OF DEATH:

(a) County: Lincoln

(b) City or town: Rural

(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: 1

In this community: In this community

years, months or days: 19

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lincoln

(c) City or town: Troy

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

(d) Street No. _____

(If rural, give location)

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

3. (a) PRINT FULL NAME: GREEN HENDERSON BOYSE

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Essie Ann Boyse

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

7. Birth date of deceased: Dec 13 1854

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>7</u>	<u>9</u>	hr. min.

9. Birthplace: Cameron County Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: _____

MOTHER FATHER

12. Name: Sterling Boyse

13. Birthplace: Kentucky

(City, town, or county) (State or foreign country)

14. Maiden name: Ann Mann

15. Birthplace: Lincoln Co. Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant: Parrin Boyse

(b) Address: Troy Mo

17. (a) Burial (b) Date thereof: July 24 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Thornhill Cem

18. (a) Signature of funeral director: Wayne McBoyer

(b) Address: Troy Missouri

19. (a) July 23 (b) Mrs Pearl Muck

(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 22

year 1941 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 21 - July 22, 1941, to July 22, 1941

that I last saw h. live alive on July 22, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis - Myocardial Infarction

Due to: Insufficiency

Due to: 95

Other conditions (Include pregnancy within 3 months of death): _____

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

While at work? (Specify type of place) _____

(e) Means of injury: _____

Signature: J. Leberich (M. D. or other) D

Address: Troy Mo Date signed: July 24 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, fact should be so stated above.