No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 9 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32225

Registration District No. 6 9 48 — Primary Registration District No. 5 8 90 — Registrar's No. 283

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Dresden [illegible]
(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 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Dresden
(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 George Martin Boyles

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male 0

5. Color or race White

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

6. (b) Name of [redacted] wife Nina Adams Boyles

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

7. Birth date of deceased April (Month) 22 (Day) 1863 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	4	19	..... hr. ..... min.

9. Birthplace Union Star (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation School teacher

11. Industry or business ✓

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ben Bayles

(b) Address 2624 Washington Ave. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Knob Noster City Cemetary

18. (a) Signature of funeral director C. L. Sandts

(b) Address Knob Noster, Mo.

19. (a) 9/13/41 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 11 day 11th year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 20, 1941, to Sept 11, 1941, that I last saw [illegible] alive on Sept 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: (1) Carcinoma

Due to Liver

Due to 467

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 G. W. Grove (M. D. or other) [illegible]

Address Knob Noster Mo. Date signed Sept 13

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 10-7-41
Date Filed

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 me, Registered Apprentice No. ..... working under my personal supervision.

Signed Dudley R Saults

Licensed Embalmer No. 4233

P. O. Address Knob Hosta, M

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

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

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32225

Registration District No. 668 Primary Registration District No. 2890 Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Dresden (If outside city or town limits, write "RURAL" and name of township) Prairie Twp

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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: George M. Boyles

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: unk

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

7. Birth date of deceased: Apr (Month) 22 (Day), 1863 (Year)

8. AGE: Years 78 Months 4 Days (If less than one day) hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 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	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

32222