No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35326

Registration District No. 449 Primary Registration District No. 4267 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour (Specify whether years, months or days) In this community Sixty Years

2. USUAL RESIDENCE OF DECEASED: 053
(a) State Missouri (b) County Laclede 0
(c) City or town Rural R#1 (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Willie S. Boyd
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annal Hayes
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased January (Month) 2 (Day) 1866 (Year)

8. AGE: Years 75 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name R. H Boyd
13. Birthplace Ind. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Kate Rockenfield
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. S. Boyd
(b) Address Lebanon Mo. RR#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT-22-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon City Cemetery
18. (a) Signature of funeral director Palmer
(b) Address Lebanon Mo.
19. (a) 10-20-41 (Date received local registrar) (b) J A McComb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1941 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture — Duration 1 Hour
Due to Hit By Automible
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) Accident
(b) Date of occurrence Oct. 17 053
(c) Where did injury occur? Lebanon-Laclede-Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 66 (Specify type of place)
While at work? No (e) Means of injury Car 3
23. Signature James B Stanton Coroner (M.D. or other)
Address Lebanon Mo Date signed 10-20

404 (Licensed Embalmer's Statement on Reverse Side)

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~~ Allyn Detherage, Registered Apprentice No. 294 working under my personal supervision.

Signed D. O. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon Ind.

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.