

Registration District No. 349

Primary Registration District No. 2487

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Henry County, Missouri
 (b) City or town Leeton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence, R.F.D. Leeton, Mo.
 (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 38 years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Pos Teabo Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. Leeton, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME David Marshall Boyd
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 16th year 1941 hour 6:30 Am minute _____ M.
 21. I hereby certify that I attended the deceased from Sept 4 19____ to 11-16-41 19____
 that I last saw him alive on 11-10-41 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ursula Frances Boyd
 6. (c) Age of husband or wife if alive dead years
 7. Birth date of deceased December, 31 1864 (Year)

Immediate cause of death Ch. Myocarditis
 Duration ?

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>15</u>	hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 93d
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Jacksonville, Illinois
 10. Usual occupation Farmer
 11. Industry or business _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 12. Name James Allen, Boyd
 13. Birthplace Alabama
 14. Maiden name Mary Forcey
 15. Birthplace Alabama

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 _____

16. (a) Informant Mr. David Boyd, Son of deceased
 (b) Address Leeton, Mo.
 17. (a) Burial (b) Date thereof 11-17-41
 (c) Place: burial or cremation Windsor, Missouri
 18. (a) Signature of funeral director R.A. Brunninger
 (b) Address Leeton, Mo.
 19. (a) Nov. 20-41 (b) Mrs. E. dith J. Simpson
 (Date received local registrar) (Registrar's signature)

23. Signature R.F.M. Simpson (M. D. or other) _____
 Address Warrensburg, Mo. Date signed 11-16-41

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

956

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1950

Date Filed 12-2-41

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.....

R. A. Breuninger,....., Registered Apprentice No.....
working under my personal supervision.

Signed R. A. Breuninger.....

Licensed Embalmer No. 3377.....

P. O. Address Leeton, Mo......

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.