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(23139)

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

JAN 13 1947

Registration District No. 805

Primary Registration District No. 4482

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Schuyler  
(b) City or town Glenwood Mo.  
(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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

Minnie Louella Boylan

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

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

4. Sex female

5. Color or  
race white

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

6. (b) Name of husband or wife  
W. H. Boylan

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

7. Birth date of deceased June 20 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 5 13 hr. min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name William Tarr

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

14. Maiden name Jane Welch

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

16. (a) Informant Byrd Franklin

(b) Address Glenwood, Mo.

17. (a) Burial (b) Date thereof Dec 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morris Cemetery

18. (a) Signature of funeral director Morris

(b) Address Lanark, Mo.

19. (a) 12-12-41 (b) Byrd Franklin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Schuyler  
(c) City or town Glenwood  
(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.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
year 1941 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from Nov 25  
1941 to Dec 3 1941  
that I last saw her alive on Dec 3 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hemorrhage of Brain

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Stacy Johnson (M. D. or other) \_\_\_\_\_

Address Glenwood Mo. Date signed 12-5-41

Duration

10 days

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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

(Licensed Embalmer's Statement on Reverse Side)

FILED  
JAN 9 1942  
+ File Number  
67-147-1  
District Health Officer No. 10  
EIVED

### 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

Minnie + True Morehead, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Minnie + True Morehead

Licensed Embalmer No. 3680-3731

P. O. Address Lancaster, 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.