

No. 2
-13-40
-17-39
X 23159

State File No. _____

FILED MAR 13 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 133

1. PLACE OF DEATH: GREENE

(a) County. GREENE

(b) City or town. Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution. 585 W. CHESTNUT
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 30 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Greene 39

(c) City or town. Springfield 2
(If outside city or town limits write "RURAL")

(d) Street No. 585 N. Chestnut 6
(If rural, give location) U

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

3. (a) PRINT FULL NAME JOHN ARCH BOYD SR.

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, WIDOWER

6. (b) Name of husband or wife. Unknown

6. (c) Age of husband or wife if alive. 29 years

7. Birth date of deceased. Oct 29 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	3	17	_____ min.

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

10. Usual occupation. Retired R.R. Workman

11. Industry or business. R.R. Employer

12. Name. Unknown 9

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

14. Maiden name. Unknown 9

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

16. (a) Informant. J. U. Boyd Jr.

(b) Address. Wichita Kan

17. (a) (b) Date thereof. Feb 17 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Eastlawn Cem.

18. (a) Signature of funeral director. W. H. Hingey H.O.

(b) Address. Springfield Mo.

19. (a) 2-17-42 (b) A. W. S. Handley
(Date received local registrar) (Registrar's signature)

184 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1942 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from February 14, 1942, to February 16, 1942, that I last saw him alive on February 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death. Mitral Insufficiency

Due to. Auricular Fibrillation

Due to. _____

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

Major findings: Of operations. 928

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)

(a) Means of injury _____

23. Signature. Lottie R. Webb (M. D. or other) D

Address. Springfield, Mo. Date signed 2-16-42

Duration about 3 years.

Unknown.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1
2
4

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

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.

William Max Rhodes
4071
Springfield