

S. No. 2
1-1-441
7-5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6886

State File No.

FILED MAR 13 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 10

1. PLACE OF DEATH:

(a) County... Jasper

(b) City or town... Joplin

(c) Name of hospital or institution:
1139 Rex Crossing /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 50 years (Specify whether years, months or days)

In this community... 50 years

3. (a) PRINT FULL NAME James Virgil Boyd

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

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

4. Sex Male 0

5. Color or race Wh

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

6. (b) Name of husband or wife Ellen Boyd

6. (c) Age of husband or wife if alive 19 years 1866

7. Birth date of deceased March 16 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired Groceryman

11. Industry or business

12. Name E. D. Boyd

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

14. Maiden name Martha A

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

16. (a) Informant G. Wayne Jackson

(b) Address Gateway Drive, Joplin, Mo.

17. (a) Burial (b) Date thereof 2-7-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Mem. Park

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) Feb. 6-42 (b) Gertrude Sudholtz (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2

(d) Street No. 1139 Rex Crossing 3 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th year 1942 hour 12:20 minute P M.

21. I hereby certify that I attended the deceased from Sept 26 Dec 3 1941 to Feb 4 1942 that I last saw him alive on Feb 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Antennosebaceous

Due to.....

Due to..... 97

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature A. C. Winchester (M.D. or other) Address Joplin, Mo. Date signed 2/6/42

182 (Licensed Embalmer's Statement on Reverse Side)

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

19
2
5

42-2-188

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

Signed F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.