

FILED MAY 23 1942

Registration District No. 025

Primary Registration District No. 3031

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)

In this community 80 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Boydston

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Sam Boydston

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased un known
(Month) (Day) (Year)

8. AGE: Years 87 Months Days If less than one day hr. min.

9. Birthplace Holt County MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER { 12. Name John Brose

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

14. Maiden name un known

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

16. (a) Informant Sam Boydston

(b) Address Amazonia mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 5-6-42
(Month) (Day) (Year)

(c) Place: burial or cremation Amazonia

18. (a) Signature of funeral director E. B. Brut

(b) Address Savannah mo

19. (a) May 4 1942 (b) May Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Amazonia
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1942 hour 2 minute P M.

21. I hereby certify that I attended the deceased from April 21 1942 to May 3 1942
that I last saw h. l. v. alive on May 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcer of Stomach with Hemorrhage

Due to

Due to

Other conditions Fracture RT femur
(Include pregnancy within 3 months of death)

Major findings: Of operations 186

Of autopsy 14

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidents

(b) Date of occurrence April 21-1942

(c) Where did injury occur? 97710307119 Andrew mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? NO (Specify type of place) (e) Means of injury Fall

23. Signature [Signature] (M. D. or other) MD

Address Savannah mo Date signed 5/4/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

E. C. Breit

Licensed Embalmer No. *2650*

P. O. Address *Savannah Ga.*

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.