

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40917 ✓

State File No. _____

FILED DEC 29 1942
Registration District No. 29-6

Primary Registration District No. 5-568

Registrar's No. 301

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Blue Springs
(c) Name of hospital or institution: 1855 So. 1st Roland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME

George Henry Boyd

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Aug 9 6. (c) Age of husband or wife if alive 1868 years
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Professional Buyer

11. Industry or business Wholesale Hardware

12. Name John J. Boyd

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

14. Maiden name Blue Maig

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

16. (a) Informant J. Raymond Boyd

(b) Address 1855 So. 1st Roland

17. (a) removal (b) Date thereof 11/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Minn.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo.

19. (a) 18-12-42 (b) James K. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural Blue Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 1855 So. 1st Roland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1942 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from Nov 8, 1942 to Nov 12, 1942
that I last saw him alive on Nov 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion sudden

Due to arteriosclerosis 5 yrs

Due to Diabetes Mellitus 5 yrs

Other conditions Chronic nephritis several

Major findings: Of operations ✓

Of autopsy ✓ 61

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 J. L. Hickman (M. D. or other)

Address Independence Date signed Nov 12/42

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 _____

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.