

3. No. 2
1-5-42
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2209

State File No.

Registrar's No.

FILED FEB 6 1943

Registration District No.

Primary Registration District No. 5465

74

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield Rural N. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 Greene County Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 Months
(Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural N. Campbell Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 11
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Elmer Enoch 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 Married
6. (b) Name of husband or wife Mildred Boyd 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased August 5 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 18 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name George Boyd
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name (Unknown) Mooneyham
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer Boyd

(b) Address Route # 11 Springfield, Mo.

17. (a) Burial (b) Date thereof Jan. 26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrington Cemetery

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-25-43 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1943 hour 2 minute 15 p.m.

21. I hereby certify that I attended the deceased from
October 24 1942 to Jan 23 1943
that I last saw him alive on Jan 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis, Chronic
Due to Syphilis
Duration not known

Other conditions Cerebral Hemorrhage 4 mos.
(Include pregnant within 3 months of death)
with right silepneumonitis

Major findings:
Of operations.....
Of autopsy 30g
PHYSICIAN
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) (c) Means of injury 0

23. Signature James F. Cimas (M. D. or other)
Address Springfield Date signed 1-25-43

484 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

NOV 26 1958

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 *Walter E. Hamilton*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield 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.