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-41  
-39  
C29-484  
FILED JAN 27 1943

Registration District **276** Primary Registration District No. **5600-4278** Registrar's No. **44**

1. PLACE OF DEATH:  
(a) County **Lawrence**  
(b) City or town **Miller**  
(c) Name of hospital or institution: **—**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Beverly K. Boyd**  
3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **Female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **child**  
6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **—** years  
7. Birth date of deceased **Jan. 10 1940**  
(Month) (Day) (Year)

8. AGE: Years **1** Months **10** Days **22** If less than one day hr. min.

9. Birthplace **Baltimore** **Maryland**  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER  
12. Name **William Boyd**  
13. Birthplace **Cross Timbers Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Georgia Dunivant**  
15. Birthplace **Nashua Montand**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bill Boyd**  
(b) Address **Miller Mo.**  
17. (a) **Removal** (b) Date thereof **12-2-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **wheatland**

18. (a) Signature of funeral director **Monnie German**  
(b) Address **Miller Mo.**  
19. (a) **Jan 4 - 1943** (b) **Anna Manning**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Miller**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **2**  
year **1942** hour **7** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **11-1-42** to **11-2-42**, 19**42**  
that I last saw h. **E.** alive on **11-1-42**, 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiation possibly membranous exposure to cold**  
Due to **—**  
Due to **—**

Other conditions (Include pregnancy within 3 months of death) **10**

Major findings: Of operations **—**  
Of autopsy **—**

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) (a) Means of injury  
23. Signature **W. J. Brumby** (M. D. or other)  
Address **Miller Mo.** Date signed **11-2-42**

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

RECEIVED

District Health Officer No. 6,

District File Number 143-111

Date Filed JAN 25 1943

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. R. Seeman  
Licensed Embalmer No. 3297  
P. O. Address Miller 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.