

S. No. 2  
A-9.4.41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6570

State File No. \_\_\_\_\_

FILED MAR 13 1943 7  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3028

Registrar's No. 52

49  
3

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Carthage  
(c) Name of hospital or institution: 818 S. Clinton  
(d) Length of stay: 12 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(d) Street No. 818 S. Clinton  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William Maye Boylan  
(b) If veteran, name war No  
(c) Social Security No. None

4. Sex Male  
5. Color or Race White  
6. (a) Single, widowed, married, divorced Single  
7. Birth date of deceased December 4 1859

8. AGE: Years 83 Months 2 Days 16

9. Birthplace Iowa

10. Usual occupation Teacher (retired)

11. Industry or business None

MOTHER FATHER  
12. Name William Wesley Boylan  
13. Birthplace Ohio  
14. Maiden name Catherine Balmer  
15. Birthplace Switzerland

16. (a) Informant Miss Margaret Boylan

(b) Address 818 S. Clinton, Carthage

17. (a) Removal (b) Date thereof Feb. 22 1943

(c) Place: burial or cremation Hubbard, Iowa

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri  
19. (a) Feb. 22 '43 (b) L. Elizabeth Cooper

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 20<sup>th</sup> Feb  
year 1943 hour 6<sup>30</sup> minute P M.  
21. I hereby certify that I attended the deceased from Feb 14 1943 to Feb 20 1943  
that I last saw him alive on Feb 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza

Due to: 330

Other conditions: Hypostatic Pneumonia  
(Include pregnancy within 3 months of death)  
Zemlitz

Major findings:  
Of operations:  
Of autopsy:

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?  
(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 Lloyd B. Clinton (M.D. or other)  
Address Carthage Mo. 2-22-43 Date signed

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1203

(Licensed Embalmer's Statement on Reverse Side)

43-2-166

**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 John D. Batchelder  
Licensed Embalmer No. 4153  
P. O. Address Carthage 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.**