

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

7768
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 324
 (b) Township Marshall Primary Registration District No. 6093-11 Registered No. 34
 (c) City Marshall (d) Street No. 1
 (e) Length of residence in city or town where death occurred yrs. mos. da. (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. St. Louis Mo. St. (Usual place of abode, if no street address, write county or city)
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE 1 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 0
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30-1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Johsen F. Boyce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Melba Daffner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Mo. State School Records

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE Feb - 4 '43

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hershberger Marshall Mo.

20. FILED 24 1943 Mo. T. O'Leary Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1943
 22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1943, to Feb 4, 1943
 I last saw him alive on Feb 3, 1943. Death is said to have occurred on the date stated above, at 1 A. M.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Myocarditis
Influenza
Epilepsy

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) L.S. James D. M. D.
 (Address) Marshall Mo

RECEIVED

District Health Officer No. 8,

District File Number

Filed 3-5-43

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 Harry Hershberger

Registered Apprentice No. 334, working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton MA

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, above space should be left blank.