

FILED JUN 10 1943

Registration District No. 25.6

Primary Registration District No. 2001

Registrar's No. 297

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1502 Grand 1
(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) Always

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1502 Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Leonard Boyd

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 30 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 3 23 _____ hr. _____ min.

9. Birthplace Webb City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Cab Driver

11. Industry or business _____

12. Name U. G. Boyd

13. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Iva Webb

15. Birthplace Chanute Kans.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. W. Thomas

(b) Address 1502 Grand Joplin

17. (a) Burial (b) Date thereof 5-26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osburn Memorial

18. (a) Signature of funeral director Parker Hunsaker

(b) Address Joplin Mo.

19. (a) 5-24-43 (b) Geertud Sudhutter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 18 43
1943 to May 20 1943

that I last saw him alive on May 20, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia & Eczema Duration _____

Due to _____

Due to _____

Other conditions 173a
(Include pregnancy within 3 months of death)

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)
Means of injury _____

23. Signature Henry Kuecker (M.D. or other) _____

Address 305 Michigan Bank Bldg Date signed May 24/43

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

MOTHER, FATHER

19
582

43-5-482

11/18/55

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..... *F. M. Jones*

Licensed Embalmer No..... *2319*

P. O. Address..... *Joplin 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.