

S. No. 2
M-5-42
5-17-39
I X32873

19236

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 8 1943

Registration District No. 337

Primary Registration District No. 4496

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbyville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 years (Specify whether years, months or days)

In this community 37 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby

(c) City or town Shelbyville
(If outside city or town limits, write "RURAL.")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ARCHABALD BOYLES

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1943 hour 1 minute 25 P. M.

4. Sex Male 5. Color or Race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oria Boyles 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 19 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 11 1943 to May 2 1943
that I last saw him alive on May 2 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>13</u>	<u>44</u> hr. <u>4</u> min.

Immediate cause of death Myocardial Degeneration Duration ?

Due to Arteriosclerosis ?

9. Birthplace Beaumont County Michigan
(City, town, or county) (State or foreign country)

Due to 93d

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name Archibald Boyles

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

14. Maiden name Lydian Ann Stevens

15. Birthplace Mo. U. I
(City, town, or county) (State or foreign country)

Major findings: Of operations 93d

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Oria Boyles

(b) Address Shelbyville Mo.

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

(c) Place: burial or cremation L.O.A. Burial

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville Mo.

19. (a) May 6, 1943 (b) Thaddeus Good
(Date received local registrar) (registrar's signature)

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 0

23. Signature P. G. Archer (M. D. certificate)

Address Shelbyville Mo. Date signed 5-9-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-43-972

Date Filed JUN 7 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. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.