

REC'D JUN 10 1943
 Registration District No. 40

Primary Registration District No. 6152

Registrar's No. 22

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

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Bernie "Rural"
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1. Bernier's
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town Bernie "Rural"
(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 _____

3. (a) PRINT FULL NAME Jackie Wayne Boyle
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 20
 year 1943 hour _____ minute 8:30 P.M.
 21. I hereby certify that I attended the deceased from May 20, 1943 to May 20, 1943

4. Sex Male 5. Color or Race W 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 May 24 1941
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death, Septicemia
Septicemia
 Duration 2 days

8. AGE: Years Months Days If less than one day
1 11 26 _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Bernie Mo. OR. 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Gordon Boyle

13. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

14. Maiden name Hensperger

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

16. (a) Informant Gordon Boyle

(b) Address Bernie, Mo. R. 1

17. (a) Burial (b) Date thereof 5-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie Cemetery

18. (a) Signature of funeral director Lander Funeral Home

(b) Address Campbell

19. (a) 5-22-43 (b) Cardie Miller
(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? _____ (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)
 (e) Means of injury _____

23. Signature Edmund (M. D. or other) _____
 Address 1111 Date signed May 21 1943

MOTHER, FATHER

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

RECEIVED

District Health Office No. *2*

District File Number *643-766*

Date Filed *6-7-43*

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.....

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

Signed *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.