

FILED SEP 10 1943 22

Registration District No. **22**

Primary Registration District No. **42 17**

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

1. PLACE OF DEATH:

(a) County **Taney**
(b) City or town **Branson**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Pottawome**
(c) City or town **Auoca** (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 **2**

3. (a) PRINT FULL NAME **Reila Lacyre Boyle**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2** **Widowed**

6. (b) Name of husband or wife **Joseph Boyle** 6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **August 25 1849**
(Month) (Day) (Year)

| | | | | |
|---------|-----------|-----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 94 | 10 | 24 | hr. _____ min. |

9. Birthplace **Aurora Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {

12. Name **Lacyre**

13. Birthplace **Canada 2**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Canada 2**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Claire Todd**
(b) Address **Branson, Missouri**

17. (a) **Buried** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Branson mo**

18. (a) Signature of funeral director **R.O. Wheeler**
(b) Address **Branson mo**

19. (a) **June 2, 43** (b) **Mary Mullen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1**
year **1943** hour **9:05** minute **P** M.

21. I hereby certify that I attended the deceased from **April 24 1943** to **June 1 1943**
er **June 1 1943**
that I last saw h_____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** Duration **5 wks**

Due to **Chronic Myocarditis** **2yrs**

Due to _____

Other conditions **930**
(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)
(c) Means of injury **3**
23. Signature **Paul P. Roberts** (M. D. or other) **P.O.**
Address **Branson, Mo** Date signed **6/24/43**

RECEIVED
District Health Officer No. 6,
District File Number 943-996
Date Filed SEP 9 1943

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

Signed Minnie L. Wheeler
Licensed Embalmer No. 2277
P. O. Address Dranon wa

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.