

FILED FEB 1 1943

Registration District No. **113**

Primary Registration District No. **5430**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Moselle
(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 3 months
In this community 3 months
years _____ months _____ days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Moselle
(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 _____

PRINT FULL NAME Esthelle Belle Boyd

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, divorced, married
6. (b) Name of husband or wife Isaac 6. (c) Age of husband or wife if alive 52-0 years
7. Birth date of deceased May - 20 - 1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Kansas - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Marion Lee Smart
13. Birthplace Kansas - 1
(City, town, or county) (State or foreign country)
14. Maiden name Anna Row
15. Birthplace Kansas - 1
(City, town, or county) (State or foreign country)

16. (a) Informant M Boyd
(b) Address Moselle Mo

17. (a) Burial (b) Date thereof 12-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old J. J. J. Cemetery

18. (a) Signature of funeral director Shirley Ketchum
(b) Address St. Clair Mo

19. (a) 12/20/1943 (b) P. J. King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1943 hour 11 minute 30A M.
21. I hereby certify that I attended the deceased from Dec. 4 1943 to Dec. 18 1943
that I last saw her alive on Dec. 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus
Duration years

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 61
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 W. E. Mitchell (M. D. or other) 12/18/43
Address St. Clair Date signed _____

1120

143

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

36
0
0

Go

JUL 8 1948

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

Geo. L. Wheeler

Licensed Embalmer No. *3008*

P. O. Address

Pacific 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.