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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 110

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

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town RURAL - NEOSHO TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: COUNTY INFIRMARY 5
(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 NEWTON
(c) City or town RURAL -
(If outside city or town limits, write "RURAL")
(d) Street No. NEOSHO TWP.
(If rural, give location)
(e) Citizen of foreign country? RECEIVED (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GRACE BOYER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEM.
5. Color or race WHITE
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 AUGUST (Month) 30 (Day) 1918 (Year)

8. AGE: Years 25 Months 3 Days 7 If less than one day hr. min.

9. Birthplace BARRY COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation INMATE NEWTON
11. Industry or business COUNTY INFIRMARY
FATHER
12. Name ANDREW BOYER
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name NO RECORD
15. Birthplace NO RECORD (City, town, or county) (State or foreign country)
16. (a) Informant INFIRMARY RECORDS
(b) Address NEOSHO MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-9-1943 (Month) (Day) (Year)
(c) Place: burial or cremation NEWTON COUNTY FARM
18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo
19. (a) 12-13-43 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 7 year 1943 hour 7 minute 9 A.M.

21. I hereby certify that I attended the deceased from Dec 1 1943 to Dec 5 1943 that I last saw her alive on Dec 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

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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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. R. Reynolds (M. D. or other) M.D.
Address Neosho Mo Date signed 12-13-43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-10-44

District Health Officer No.

District File Number 1243-248

Date Filed 1-10-44

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 Bailey Thompson

Licensed Embalmer No. 325-9

P. O. Address Neosho 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.