

FILED FEB 9 1945

Registration District No. **293**

Primary Registration District No. **4434**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ralls

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

(c) Name of hospital or institution: Center, Mo R.F.D. /
(If not in hospital or institution, write street number or location)

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

In this community All of Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ralls.

(c) City or town Rural Center Township.
(If outside city or town limits, write "RURAL")

(d) Street No. Center, Mo R.F.D.
(If rural, give location)

(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Mary V. Boyd.

3. (b) If veteran, name war _____

3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26.
year 1943. hour 3:45 minute P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife W.E. Boyd.

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 12, 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to Oct. 26, 1943, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>9</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death asthma
+ Hayfever

Due to _____

Due to _____

9. Birthplace Ralls County, Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) PE Suter

10. Usual occupation Housewife.

11. Industry or business Home.

Major findings: Of operations _____

Of autopsy 112

12. Name Powell Smith.

13. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Jucy Dowell.

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? _____

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

16. (a) Informant Bryan Boyd

(b) Address Center, Mo R.F.D.

17. (a) Burial (b) Date thereof Oct. 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madisonville, Mo.

18. (a) Signature of funeral director Olydic W. Perry

(b) Address Perry, Missouri.

23. Signature R. E. Suter (M. D. or other) _____

Address Perry, Mo. Date signed 1/27/45

19. (a) Feb. 2, 1944 (b) Mrs. Carl Perkinson
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

37
6
6

RECEIVED

District Health Officer No. 10

District File Number 2-44-313

Date Filed FEB 8 1944

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

Clyde W. Wray

Registered Apprentice No.

working under my personal supervision.

Signed

Clyde W. Wray

Licensed Embalmer No.

3820

P. O. Address

Princeton

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.