S. No. 2
M—5-42
v. 5-17-39
I X32873

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

7263

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: Bethany Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38

(c) City or town Darlington Mo 0 (If outside city or town limits, write "RURAL")

(d) Street No. Rural 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Nora Marcella Boyd

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex T

5. Color or race Cave

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

6. (b) Name of husband or wife C. T. Boyd

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug (Month) 31 (Day) 1892 (Year)

8. AGE: Years 51 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Henry Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Geo Lyle
13. Birthplace Chillicothe Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sadie Pike
15. Birthplace Laclede Co Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant C. T. Boyd

(b) Address Darlington Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Kingsley

18. (a) Signature of funeral director R. G. Faggart

(b) Address Kingsley Mo

19. (a) Feb. 13-44 (Date received local registrar) (b) Zoda M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1944 hour 8 minute 0 A.M.

21. I hereby certify that I attended the deceased from Feb. 16, 1944, to Feb. 13, 1944, that I last saw her alive on Feb. 13, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

934

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? — (Specify type of place)

While at work? (e) Means of injury — 0

23. Signature H. R. Lydden Jr. (M. D. or other)

Address Bethany, Mo Date signed 2-13-44

(Licensed Embalmer's Statement on Reverse Side)

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 R. H. Taggart

Licensed Embalmer No. 2563

P. O. Address Kling City 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.