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FILED APR 11 1944

Primary Registration District No. 3008

Registrar's No. 86

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

1. PLACE OF DEATH: CALLAWAY  
 (a) County CALLAWAY  
 (b) City or town FULTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: S. CALLAWAY HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Weeks  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lizzie J. Boyd  
 3. (b) If veteran, name war   
 3. (c) Social Security No. no

4. Sex 7 5. Color or race 1  
 6. (a) Single, widowed, married, divorced 1  
 6. (b) Name of husband or wife N. M. Boyd  
 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased July 8 1873  
 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 21  
 If less than one day hr. min.

9. Birthplace OPESSA MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {  
 12. Name JAMES W. MARTIN  
 13. Birthplace KY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Hunt  
 15. Birthplace CALLAWAY CO. MO  
 (City, town, or county) (State or foreign country)

16. (a) Informant N. M. Boyd  
 (b) Address Fulton, Mo.

17. (a) BURIAL (b) Date thereof 3/5/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILLERSBURG

18. (a) Signature of funeral director Glen Y. Maupin  
 (b) Address 712 Cent St. Fulton Mo.

19. (a) 3-5 1944 (b) Jesse M. ...  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 14  
 (a) State MISSOURI (b) County CALLAWAY  
 (c) City or town FULTON  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. N. 54  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
 year 1944 hour 6 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from Jan 25  
1944 to Mar 2 1944  
 that I last saw her alive on Mar 1 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Aplastic Anemia Duration 2 mo.

Due to —  
 Due to —

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings: Of operations none  
 Of autopsy none

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 0

Signature John J. Brown (M.D. or other) MD  
 Address Fulton, Mo. Date signed 3-21

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 4-10-44

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.....

*Glen J. Manpin*  
Licensed Embalmer No. 2725

P. O. Address Fulton, 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.