

FILED OCT 13 1944
Registration District No. **5-3-73 53 77**

Primary Registration District No. **5-3-73 53 77**

1. PLACE OF DEATH:

(a) County **DEKALB**
(b) City or town **MARYSVILLE (RURAL)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **40 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARY ANN BOYLES**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **GEO. BOYLES** 6. (c) Age of husband or wife if alive, years **4-1866**

7. Birth date of deceased **NOV-4-1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **0** If less than one day hr. min.

9. Birthplace **DEKALB Co. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business

12. Name **ABRAHAM THOMAS**

13. Birthplace **KEN.**
(City, town, or county) (State or foreign country)

14. Maiden name **LUCINDA SHERARD**

15. Birthplace **MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sam Thomas**

(b) Address **Wells City Kan.**

17. (a) **Burial** (b) Date thereof **9-6-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **WOODS, GEN.**

18. (a) Signature of funeral director **John Clarke**

(b) Address **Marysville Mo.**

19. (a) **9-5-1944** (b) **John Clarke**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **DEKALB**
(c) City or town **MARYSVILLE (RURAL)**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) **1**
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **4** year **1944** hour **3** minutes **30 a.m.**

21. I hereby certify that I attended the deceased from **Aug 31**, 19**44** to **Sept 4**, 19**44**
that I last saw **her** alive on **Sept 4**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death

Intestinal obstruction
Valvular

Due to **ventral hernia with complete prolapse of whole intestinal tract - following abdominal operation some 20 yrs ago**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **122**

Of autopsy

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? (a) Means of injury

23. Signature **John Clarke** (Date or other)

Address **Marysville Mo.** Date signed **9/6/44**

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.....

Licensed Embalmer No. 3960

P. O. Address Mayfield, N.

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.