

FILED OCT 17 1944

Registration District No. 278

Primary Registration District No. 3054

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

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: in hospital or institution
In this community 60 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pike 2^d
(c) City or town Louisiana
(If outside city or town limits, write "RURAL") 1
(d) Street No. 106 So. 6th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME Mrs. HATTIE LEE Boyd

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

4. Sex Female 5. Color White 6. (a) Single, widowed married, divorced 11

6. (b) Name of husband or wife Frank Boyd 6. (c) Age of husband or wife if alive ✓
13-1867

7. Birth date of deceased: June 13-1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>20</u>	

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Robert Bentley

13. Birthplace Ken!
(City, town, or county) (State or foreign country)

14. Maiden name Jammy Purvis

15. Birthplace Va 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Boyd
(b) Address Louisiana Mo

17. (a) Rural (b) Date thereof 9-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director J. H. ...
(b) Address Louisiana Mo
19. (a) 9-4-44 (b) J. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 3
year 1944 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 30
1944 to Sept 3 1944
that I last saw her alive on Sept 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular-renal hypertension
Due to diabetes 9 months

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1310
Of autopsy _____

Duration
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)
(e) Means of injury 2

23. Signature J. L. Bilyea (M.D. or other) D.O.
Address Louisiana Mo Date signed 9-4-44

RECEIVED

District Health Officer No. 10

District File Number 10-44-1728

Date Filed OCT 10 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.....

George O. Wagner, Registered Apprentice No.....
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.