

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27601

FILED SEP 14 1945
156

Registration District No. 156

Primary Registration District No. 2501

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2511 Wall Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years
(Specify whether years, months or days)
In this community 6 years

3. (a) PRINT FULL NAME Christian Balmer Boylan

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louisa Boylan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 12, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Hubbard Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

12. Name W. W. Boylan
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louisa Boylan
(b) Address 2511 Wall, Joplin, Missouri
burial (b) Date thereof 8/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 8-4-45 (b) Ed Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2511 Wall Street 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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 2

23. Signature W. W. Boylan (M.D. or other) 16
Address 2511 Wall Joplin Date signed 8/3/45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

45-8-707

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.....

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address.....

Joplin 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.