

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1942 THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28207

State File No. \_\_\_\_\_  
Registrar's No. 10

Registration District No. 280 Primary Registration District No. 4422

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00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Platte  
(b) City or town Edgerton  
(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 Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Platte 83  
(c) City or town Edgerton  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucile Boydston  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 11<sup>th</sup>  
year 1945. hour 8 P.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Aug. 5<sup>th</sup> 1945 to Aug. 10<sup>th</sup> 1945;  
that I last saw her alive on Aug. 10<sup>th</sup> 1945;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John W. Boydston  
6. (c) Age of husband or wife if alive: 74 years  
7. Birth date of deceased March 24 1873  
(Month) (Day) (Year)

Immediate cause of death Hypostatic pneumonia  
Due to Infirmities of old age and long time bedfast.  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
72 4 17 hr. min.

Other conditions Senile dementia  
(Include pregnancy within 3 months of death)

9. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_  
12. Name Oliver Smith  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Jane Holt  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant John W. Boydston  
(b) Address Edgerton, Mo.  
17. (a) Burial (b) Date thereof 8/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Zion Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Wallace Nash  
(b) Address Edgerton, Mo.  
19. (a) 8-23-45 (b) Mrs. Clay L. Lee  
(Date received local registrar) (Registrar's signature)

23. Signature John A. Robinson (M. D. or \_\_\_\_\_)  
Address Edgerton, MO. Date signed 8-12-45

PHYSICIAN  
Underline the cause to which death should be charged statistically.

1209

**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

*Virvan R. Nash*

Licensed Embalmer No.

*3947*

P. O. Address

*Caperton 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.