S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37739

Registration District No. 172 Primary Registration District No. 3094 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Higginsville 2
(If outside city or town limits, write "RURAL") 1

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John L. Boyle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 19th November 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Higginsville, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Boyle
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Walton
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James B. Kelley
(b) Address Higginsville, Mo.

17. (a) Burial (b) Date thereof 11/8/45.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Higginsville, Mo.

19. (a) Nov. 8-1945 (b) Clayton W. Landrum
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1945 hour 3 minute 30 P M

21. I hereby certify that I attended the deceased from June 12, 1945 to Nov 6, 1945
that I last saw him alive on Nov 5, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma - Stomach - pylorus	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Operated 11-21-1944.
Gastro enterostomy for pylorus cancer
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. Kappenhme (M. D. or other) [signature]
Address Higginsville Mo Date signed 11/6/45

1561 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 12-4-44

DEC 6 1945

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 Forest Rickel

Licensed Embalmer No. 4284

P. O. Address HIGGINSVILLE, 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.