

FILED DEC 6 1945

State File No.

Registration District No. 281

Primary Registration District No. 6-968

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Platte Co.
(b) City or town Platte City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 79 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Platte City No. Rural
(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

Benjamin Boydston

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May Boydston 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 3rd. 1866 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>23</u>	hr. _____ min.

9. Birthplace Platte Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farrer

11. Industry or business Farming

12. Name William Boydston

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

14. Maiden name Mary Green

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

16. (a) Informant May Boydston

(b) Address Platte City Missouri Rural

17. (a) Burial (b) Date thereof 10/23/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carnden Point Missouri

18. (a) Signature of funeral director Lucian Davis

(b) Address Dearborn Missouri

19. (a) 10-29-45 (b) Mrs. Ophia Roelms (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1945 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 1st to 19th Oct. 1945 that I last saw him alive on Oct. 15th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of face. Duration 15 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 53 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? _____

While at work? _____ (Specify type of job) (c) Means of injury 0

23. Signature Lucian Davis (M. D. or other) Address Dearborn Mo Date signed 10-29-45

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

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

Richard Jarvis

Licensed Embalmer No. *4160*

P. O. Address *Dearbon, 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.