S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15908

FILED JUN 17 1946

Registration District No. 3008 Primary Registration District No. 3008 Registrar's No. 192

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(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 No (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 105 E 4 Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James H. Boyd
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 Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 16 (Day) 1883 (Year)

8. AGE: Years 61 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Calloway Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Brakeman on Rail Road
11. Industry or business
12. Name John Marion Boyd (Father)
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Mary J Thompson (Mother)
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Angie Boyd
(b) Address Fulton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Bull cemetery
18. (a) Signature of funeral director Ray A Holt
(b) Address New Bloomfield
19. (a) May 29 1946 (Date received local registrar) (b) Joe Marquhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1946 hour Six minute A. M.
21. I hereby certify that I ~~attended the deceased from~~ saw
Confined to the home 19 ;
that I last saw him alive on Oct 5 1945 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death (Duration)
Stroke James H. Boyd died from a gun
Due to shot wound in the mouth
Due to a Clear Case of Suicide
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 164

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) suicide
(b) Date of occurrence May 19 1946
(c) Where did injury occur? Fulton (City or town) Callaway (County) Mo (State)
(d) Did injury occur in or about home or on farm, in industrial place, in public place? Home of his brother
(Specify type of place)
While at work? No (e) Means of injury Shot gun
23. Signature W. P. Garrett (M.D. or other)
Address Fulton Mo Date signed 5/17/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-10-46

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.....
To be embalmed....., Registered Apprentice No.....,
working under my personal supervision.

Signed Ray A Hall
Licensed Embalmer No. 2605
P. O. Address New Bloomfield

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.