

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

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

State File No. **19250**

Registration District No. **360** Primary Registration District No. ~~6224~~ **3076** Registrar's No. **76**

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

1. PLACE OF DEATH:
(a) County Nevada
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
516 East Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 75 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dennis 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 516 East Cherry 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Belle Boyd
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex M 5. Color or race W 6. (a) Single, widowed, ~~married~~, divorced 2
6. (b) Name of husband or wife Linardy Boyd 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 27 1853
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month May day 14 year 1946 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from May 5 1946 to May 14 1946
that I last saw her alive on May 5 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 92 Months 9 Days 22 If less than one day hr. min.

Immediate cause of death Chronic interstitial nephritis Duration 7
Arteriosclerosis
Due to age
Due to _____

9. Birthplace Spring Run Indiana (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 131/5

10. Usual occupation Housewife

11. Industry or business _____

12. Name Adam Oakley
13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Mary Kate
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant J. F. Boyd
(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Massie Cemetery

18. (a) Signature of funeral director Henry James Hall
(b) Address Nevada, Missouri

19. (a) 6-1-46 (Date received local registrar) (b) Wallyn Jancy (Registrar's signature)

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. King (M. D. or other) Address Nevada, Mo Date signed 5-16-46

RECEIVED

District

District File No.

Date Filed

5-46-46

6-6-46

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed J B Terry

Licensed Embalmer No. 1760

P. O. Address Nevada, N

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.