P. S. No. 2
00M—2-43
ev. 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. 22908

FILED AUG 6 1946

Registration District No. 5 Primary Registration District No. 5163 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Tebbetts (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 (Specify whether In this community years, months or days) 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Tebbetts (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John H Boyce

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, ~~widowed~~ Divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY (Month) 30 (Day) 1883 (Year)

8. AGE: Years 63 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Callaway Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name John R Boyce
13. Birthplace Callaway Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Eliza Anne Corley
15. Birthplace Callaway Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Emma Rigden

(b) Address Tebbets Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Williams Cemetery

18. (a) Signature of funeral director Ray A Holt

(b) Address New Bloomfield Mo

19. (a) July 2-1946 (Date received local registrar) (b) Le Roy Claypool (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-1, 1945, to July 1, 1946 that I last saw him alive on 7-1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis & Cancer of the face & neck

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 H Williamson (M. D. or other)

Address Makane, Mo Date signed 7-2-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 8-26-24
Date Filed 8-3-46

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

Signed LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address .....

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.