

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 26943

FILED AUG 1 1946

Registration District No. 187

Primary Registration District No. 2023

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Henry Clinton  
 (b) City or town Lowry City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Raines Nursing Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 mo  
 In this community 3 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Laura M Boyles

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife J M Boyles 6. (c) Age of husband or wife if alive 28 years  
 7. Birth date of deceased 2 28 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Indianapolis (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Shockley  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs M. E. Hill 996  
 (b) Address Lowry City Mo

17. (a) Burial (b) Date thereof 8 3 46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowry City Cem

18. (a) Signature of funeral director Fred Williamson

(b) Address Clinton Mo

19. (a) 8-2-46 (b) R. R. Kenney (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair  
 (c) City or town Lowry City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1946 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from 29 July, 1946, 19. to 30 July, 19. 46  
 that I last saw her alive on 30 July, 19. 46  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 R. R. Kenney (M. D. or other)

Address Clinton Mo Date signed Aug 46

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

Date Filed

7-46-780

8-5-46

### 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

Licensed Embalmer No.

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.**