

S. No. 2
-12-45
5-17-39
P1 X47070

FILED SEP 3 1946

Registration District No. **147**

Primary Registration District No. **1002**

Registrar's No. **3647**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Franklin city
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Menorah
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 wks. 2 days
 (Specify whether years, months or days)
 In this community 5 wks. 2 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Syracuse Mo
 (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 James Harvey Boyd
 3. (b) If veteran name war no 3. (c) Social Security No. none
 4. Sex Male 5. Color or race wh
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ida Boyd 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased March 2, 1860
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 23 year 1946 hour 8 minute 45 A.M.
 21. I hereby certify that I attended the deceased from July 18, 1946, to August 23, 1946
 that I last saw him alive on August 23, 1946
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Cardiac decompensation
 Due to Coronary heart disease
Carcinoma of prostate
 Due to _____
 Other conditions 515
 (Include pregnancy within 3 months of death)

9. Birthplace Monroe Co. Mo. Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation retired farmer

Major findings: Carcinoma of prostate
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Thomas Franklin Boyd
 13. Birthplace own unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Overfeldt
 15. Birthplace own unknown
 (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Ethel Garrens
 (b) Address 105 N. Gladstone
 17. (a) Removal (b) Date thereof Aug 23 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Syracuse Mo
 18. (a) Signature of funeral director G. W. Wagner
 (b) Address Franklin city Mo
 19. (a) 8-23-46 (b) Sheldine Holmes
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (c) 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) (e) Means of injury _____
 23. Signature W. W. Pfeiffer (M. D. or other) _____
 Address 505 Prof. Bldg Date signed 8-23

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

HC No

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..... *Alvin R. Hauschild*

Licensed Embalmer No. *4159*

P. O. Address..... *Kansas City 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.