No. 2
M—2-43
5-17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

Registration District No. 218

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 34390

Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week
In this community: 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Pike 82
(c) City or town: Louisiana 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 501 Virginia St. 1
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: OLA MAE BOYD
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September 15 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	0	22	hr. min.

9. Birthplace: Curryville (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business: Housekeeping

FATHER
12. Name: 7
13. Birthplace: (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jennie
15. Birthplace: (City, town, or county) (State or foreign country) 9

16. (a) Informant: Newman Boyd
(b) Address: Louisiana Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/9/1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Zion Cemetery
18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana Missouri
19. (a) 10-7-46 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7 year 1946 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 9/24/46, 19..., to 10/7/46, 19...; that I last saw her alive on 10/7/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
AC- Congestive Heart Failure	
AC- Endocarditis	1 wk
Due to: Virus Pneumonia	2 wks
Due to:	
Other conditions: Diabetes Mellitis	15 yrs
(Include pregnancy within 3 months of death) Arterio Sclerosis	20 yrs

Major findings:
Of operations: 0
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?
While at work: (Specify type of place) (e) Means of injury: 0

23. Signature: Robert L. Hudson M.D. (M. D. or other)
Address: Louisiana, Mo. Date signed: 10/7/46

374 (Licensed Embalmer's Statement on Reverse Side)

NOV 20 1946

RECEIVED
District Health Officer No. 10
District File Number 10-46-2014
Date Filed NOV - 8 1946

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 J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.