

**FILED DEC 24 1946**

Registration District No. **155**

Primary Registration District No. **3127**

Registrar's No. **179**

1. PLACE OF DEATH:  
(a) County **Jasper**  
(b) City or town **Webb City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**222 S. Webb**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Lifetime**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jasper** **49**  
(c) City or town **Webb City** **6**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **222 S. Webb**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Wesley Boyd**  
(b) If veteran, name war **No**  
(c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **8**  
year **1946** hour **7** minute **10** A.M.  
21. I hereby certify that I attended the deceased from **December 2**  
**1946**, to **December 8**, **1946**;  
that I last saw him alive on **December 8**, **1946**,  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Nellie G. Boyd**  
6. (c) Age of husband or wife if alive **78** years  
7. Birth date of deceased **October 13 1857**  
(Month) (Day) (Year)

Immediate cause of death **Acute Coronary Occlusion**  
Duration **45 Min.**

8. AGE: Years **89** Months **1** Days **24**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **arteriosclerosis**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **of 4A**  
Of autopsy \_\_\_\_\_

9. Birthplace **Granby Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Miller**

MOTHER FATHER {  
12. Name **Joseph M. Boyd**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lucretia Payne**  
15. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Nellie G. Boyd**  
(b) Address **222 S. Webb St., Webb City Mo.**  
17. (a) **Burial** (b) Date thereof **12/10/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mount Hope Cem.**  
18. (a) Signature of funeral director **Hurlbut Und. Co.**  
(b) Address **Joplin Mo**  
19. (a) **DEC. 9: 46** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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 **G. M. Ferguson** (M. D. or other) **MD**  
Address **Webb City, Mo.** Date signed **12-9-46**

46-12-1038

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 *Charles M. Stungy*.....

Licensed Embalmer No. *3566*.....

P. O. Address *Joplin, Missouri*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**