

FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 41601

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Phelps  
 (b) City or town Rolla  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Office Dr. J. H. Davis, M.D. 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: Approx. 2.5 month  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81  
 (c) City or town Newburg C  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural Route No. 2 d  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME George R. Boyce

3. (b) If veteran, name war. No. 2  
 3. (c) Social Security No. 492-07-9156

4. Sex Male 1  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 13, 1911  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 35 9 19 hr. min.

9. Birthplace Rolla Phelps County Mo., 1)  
 (City, town, or county) (State or foreign country)

10. Usual occupation Freezer-locker Employee

11. Industry or business Rolla Freezer Locker

12. Name J. H. Boyce

13. Birthplace Osage County, Missouri 0  
 (City, town, or county) (State or foreign country)

14. Maiden name Myrtle Strawhull

15. Birthplace Missouri 1)  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Boyce

(b) Address Route No. 2 Newburg Mo.,

17. (a) Burial (b) Date thereof 12-24-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Lee Johnson F. H.

(b) Address Newburg, Missouri

19. (a) 12-10-46 (b) Nadine L. Stoll  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
 year 1946 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from 19 to 19;  
 that I last saw him alive on Dec. 2, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Skull fracture,  
 crushed to chest death  
 internal injuries  
 Broken Left Arm - Several  
 lacerations of head & face  
 Due to In auto struck by  
 train on both St. Crossing  
 Other conditions: Struck at 8:22 am  
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
 Of operations: MUC 8  
 Of autopsy: MUC 8

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) Accident - 0!  
 (b) Date of occurrence Dec. 2, 1946  
 (c) Where did injury occur? Rolla Phelps Mo.,  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 Public Street Crossing both St.  
 While at work? No (Specify type of place) (e) Means of injury Collision  
 23. Signature: B. B. Mull, coroner 3  
 Address: Rolla Mo. Date signed: 12/2/46

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

MOTHER FATHER

DEC 30 1946

JAN 17 1947

JAN 9 1947

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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.