

FILED MAY 5 1947

State File No. _____

Registration District No. 156

Primary Registration District No. 20015835

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Near Joplin
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community entire life years, months or days

3. (a) PRINT FULL NAME Curtis Ellis Boyd
3. (b) If veteran, name war World War 2 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nelle Louise Boyd 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14, 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 8 8 hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Albro Boyd

13. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nina Appleman

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

16. (a) Informant Nelle Louise Boyd

(b) Address 2202 Connor, Joplin, Mo.

17. (a) Burial (b) Date thereof 4-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 4/8/47 (b) Dolores Sampkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1916 Murphy
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him in and April 6 1947
alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by shooting. Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence March 22, 1947

(c) Where did injury occur? Near Joplin Newton Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Shoal Creek

(Specify type of place) _____

While at work? no (e) Means of injury Shooting

23. Signature Corley Thompson (M.D. or other) _____

Address Neosho Mo Date signed 4/6/47

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

47-3-293

JUN 12 1947

MAY 4 1951

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 the above constitutes grounds for revocation of license.)

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *may*
Registrar's No. _____

Registration District No. *156* Primary Registration District No. *5831*

1. PLACE OF DEATH:
(a) County *Newton*
(b) City or town *Joplin - Shoal Creek*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution *Outside town in Shoal Creek river*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

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

4. Sex *m* 5. Color or race *w*
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years *38* Months _____ Days _____ If less than one day _____ hr. _____ min. *mo*

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (Data received local registrar) (b) *Coloss Hampton* (Registrar's signature)

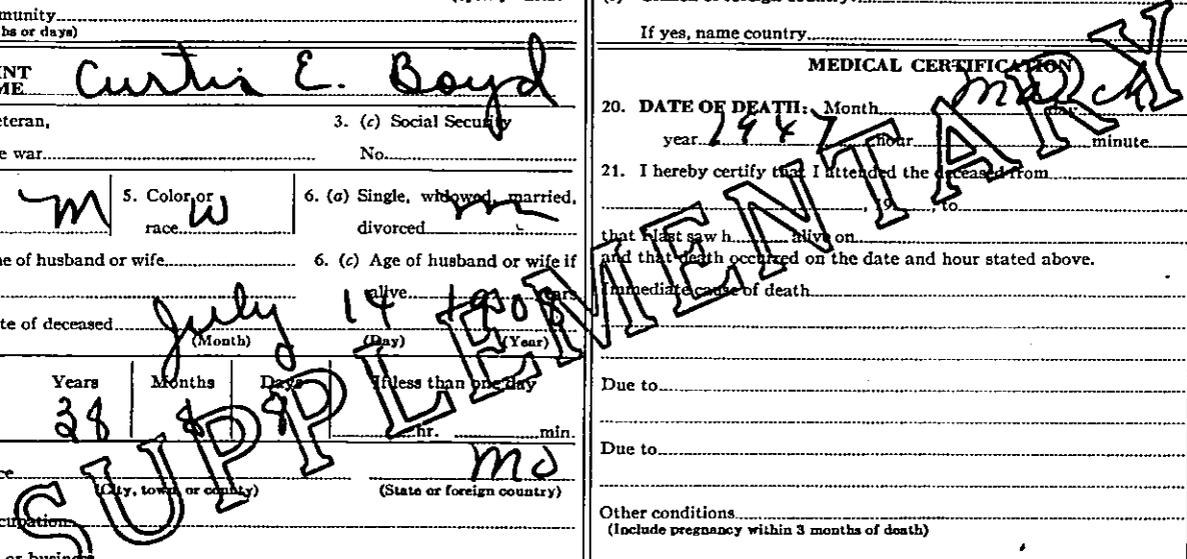
2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *March* 22
year *1947* hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____



MOTHER FATHER

14301