

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

**FILED JUL 14 1947**

Registration District No. \_\_\_\_\_ Primary Registration District No. **3021** Registrar's No. \_\_\_\_\_

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 2

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

**1. PLACE OF DEATH:**

(a) County GRUNDY  
 (b) City or town TRENTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: McVAY Apt 1944 Washington  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 69 years (Specify whether \_\_\_\_\_ years, months or days)

**3. (a) PRINT FULL NAME** MARtha, Florence Boyce

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex <u>FEMALE</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced. <u>SINGLE</u>
6. (b) Name of husband or wife _____	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>Oct 30 1877</u> (Month) (Day) (Year)		

8. AGE:	Years <u>69</u>	Months <u>5</u>	Days <u>28</u>	If less than one day hr. _____ min. _____
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9. Birthplace TRENTON MO  
(City, town, or county) (State or foreign country)

10. Usual occupation SALESLADY

11. Industry or business Avon Products Co.

**MOTHER FATHER**

12. Name Richard E. Boyce

13. Birthplace Grundy Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Euphemia LEEPER

15. Birthplace Grundy Co. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R.V. Greene  
 (b) Address Shaw, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-30-47  
(Month) (Day) (Year)  
 (c) Place: burial or cremation 1007 Trenton, MO

18. (a) Signature of funeral director: Royce Adams  
 (b) Address Trenton, MO

19. (a) 4-30-47 (Date received local registrar) (b) Jrene Law (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County Grundy Co  
 (c) City or town TRENTON  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 944 Washington - McVay Apt  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 28 year 1947 hour 11:35 minute A M.

21. I hereby certify that I attended the deceased from 7-24-46 to 4-28-47 that I last saw her alive on 4-28-47 and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma with multiple metastases

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) \_\_\_\_\_  
 (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 Wm A Greer (M. D. or other) med  
 Address Trenton, MO Date signed 4-29-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE  
Camden, Mo.

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.....

.....  
working under my personal supervision.

*Myself*

....., Registered Apprentice No.....

Signed.....

*Ralph A. Davis*  
.....  
Licensed Embalmer No. *3424*

P. O. Address.....  
*Stenton, 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.**