

FILED JUL 10 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

49  
2  
5

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether \_\_\_\_\_)

In this community 3 months  
years, months or days

3. (a) PRINT FULL NAME John Henry Boyle

3. (b) If veteran, name war \_\_\_\_\_

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 Mary F.

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 6 1878  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>0</u>	<u>0</u>	.....hr. ....min.

9. Birthplace Philadelphia Penn  
(City, town, or county) (State or foreign country)

10. Usual occupation retired Optometrist

11. Industry or business \_\_\_\_\_

12. Name dont know

13. Birthplace dont know 9  
(State or foreign country)

14. Maiden name dont know

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

16. (a) Informant Mary F. Boyle

(b) Address 2225 Jackson

17. (a) Burial (b) Date June 9 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mortuary

(b) Address Joplin Missouri

19. (a) 6-7-47 (b) Allen Damkins Jr.  
(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. 2225 Jackson  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1947 hour 5:10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6/2/47 19\_\_\_\_, to 6/6/47 19\_\_\_\_  
that I last saw him alive on 6/6/47 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

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? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 420 Byers Ave., Joplin Date signed 6/7/47

Duration 4 Days

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

47-6-548

---

---

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 with the above constitutes grounds for revocation of license.)

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