

Registration District No. 282

Primary Registration District No. 3055

State File No.

Registrar's No. 45

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

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

3. (a) PRINT FULL NAME George W. Boyce
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Orpha Jane Boyce
 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased: March 4 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Dodridge Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation retired laborer

11. Industry or business _____

MOTHER FATHER
 12. Name Felix Boyce
 13. Birthplace Unk. Unk.
(City, town, or county) (State or foreign country)
 14. Maiden name Unk.
 15. Birthplace Unk. Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse E. Boyce

(b) Address Bolivar, Mo.

17. (a) burial (b) Date thereat Aug. 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) Aug 30, 1947 Ralph Gorden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Polk
 (c) City or town Bolivar
(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 August day 16
 year 1947 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 1940
 19____ to 8-16 1947
 that I last saw him alive on 8-16-47
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 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. J. Gentry (M.D. or other) 2

Address Bolivar, Mo. Date signed 8-18-47

Date Filed 8-25-47
7-47-Lo 17
District Health Officer
RECEIVED

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 *Donald H. [Signature]*

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.