

S. No. 2.
M-5-43
5-17-39
I X36671

State File No. _____

FILED JAN 9 1948
Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 98

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months
(Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates 7
(c) City or town Rural Spruce Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2, Butler, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME SHIRLEY MAY BOYD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 May 31, 1937
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>6</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Bates Co., Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Schoolgirl

11. Industry or business _____

12. Name Grover Boyd

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

14. Maiden name Amy Cox

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Grover Boyd

(b) Address RFD #2, Butler, Mo.

17. (a) Burial (b) Date thereof 12-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Paula Fernald Name
(b) Address Butler, Mo.

19. (a) 12-10-47 (b) Wendell Kurray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 8
year 1947 hour 6:55 minute _____ PM/AM.

21. I hereby certify that I attended the deceased from July 29
1947 to Dec 8, 1947
that I last saw her alive on Dec 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Osteogenic sarcoma right femur (high grade 4) with multiple metastases undet.
Due to _____
Duration _____

Other conditions: Malnutrition, secondary
(Include pregnancy within 3 months of death)
Anemia, cachexia

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 John M. Cooper M.D. (M. D. or other) 0
Address Butler, Mo. Date signed Dec 47

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

MOTHER, FATHER

District Inspector Office No. 7,

District File Number 12-42-2044

Date Filed 1-8-48

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.....

Kenneth H. Beck

Registered Apprentice No. 471

working under my personal supervision.

Signed.....

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, 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. †