

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 4107

Registrar's No. 57

1. PLACE OF DEATH

(a) County Cedar
(b) City or town El Dorado Springs
(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 7 weeks
years, months or days)

3. (a) PRINT FULL NAME SARAH B. Boyle

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 Widowed
6. (b) Name of husband or wife George Boyle 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Aug. 19 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 10 hr. min.

9. Birthplace Heedville Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James T. Bain
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Neely
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Doris E. Dale
(b) Address El Dorado Springs, Mo.
17. (a) Burial (b) Date thereof April 1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Flemington Cemetery

18. (a) Signature of funeral director E. H. Harrison
(b) Address Summerville, Mo.
19. (a) Dec. 5, 1947 (b) J. P. Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (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 29
year 1947 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 15:20 am
1947 to 29 March 19 47
that I last saw her alive on 29 March 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Haemia Duration _____

Due to Cardio-Vascular ? years

renal disease

Due to essential Hypertension ? years

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

Major findings: _____
Of operations _____

Of autopsy 0

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 H. P. Harrison (M. D. or other) MD
Address El Dorado Springs Date signed 7/24

RECEIVED
District Health Officer No. 12
District No. 12-42-3020
Date: 1-15-48

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.....

W. J. Cresswell....., Registered Apprentice No. 472
working under my personal supervision.

Signed E. H. Primm.....

Licensed Embalmer No. 4282

P. O. Address Humaneville, Va.

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.