S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13078

Registration District No. 756 Primary Registration District No. 2004 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: 506 Kentucky / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 Months years, months or days)

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. 506 Kentucky (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mildred T. Boyd
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otto Boyd
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 11, 1911 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	0	21	hr. min.

9. Birthplace Joplin, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Maynard Coleman
13. Birthplace Texas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Hoops
15. Birthplace Neveda, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs. Mary Walker
(b) Address Joplin, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Baxter Spgs Kas.
18. (a) Signature of funeral director Hurlbut-Glover
(b) Address Joplin, Mo.
19. (a) 4-10-48 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1948 hour 12:30 minute P M.
21. I hereby certify that I attended the deceased from Nov-47, 19, to Apr 1, 1947, that I last saw her alive on Apr - 1, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchiectasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature A. L. Crawford (M. D. or other)
Address Joplin Mo. Date signed 4-10-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-4-352

MAY 1 1961

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 Dale Glover Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Hurlbut

Licensed Embalmer No. 9-9

P. O. Address Joplin, Missou

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.