FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26037

FILED AUG 24 1948

Registration District No. 132 — Primary Registration District No. 3021 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Hospo (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): 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Grundy
(c) City or town: Trenton (If outside city or town limits, write "RURAL")
(d) Street No.: 1302 Kelso (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Robert Dean Boyd
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: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: August (Month) 3 (Day) 1948 (Year)

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

9. Birthplace: Trenton (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Baby
11. Industry or business:
FATHER
12. Name: Wayne Boyd
13. Birthplace: Trenton (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Rosina Aedo
15. Birthplace: London (City, town, or county) England (State or foreign country)
16. (a) Informant: Wayne Boyd
(b) Address: Trenton Mo 1302 Kelso St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Whites Cemetery
18. (a) Signature of funeral director: Wayne A Dean
(b) Address: Trenton Mo
19. (a) 8/10/48 (Date received local registrar) (b) Irene Sauer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1948 hour 11:12 minute A M.

21. I hereby certify that I attended the deceased from Aug 1948 to Aug. 10th 1948 that I last saw him alive on Aug 10th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital Heart Disease — Duration: Life
Due to: Do not know
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

23. Signature: Oliver F. Duffey M.D. (M.D. or other)
Address: Trenton Mo Date signed: Aug 10th 1948

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

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. 3424

P. O. Address Trenton 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.

No. 2B
—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Trenton
(If outside city or town limits, write "RURAL")

(d) Street No. 1302 Kelso St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert D Boyd

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 3 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 8-28-48 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 20 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-26037 1948