S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29617

FILED SEP 20 1948

Registration District No. 71 Primary Registration District No. 5551 Registrar's No. 36

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 55
(c) City or town Mt Vernon 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Job David Boyd
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex MU
5. Color or race W
6. (a) Single, widowed, married, divorced M!
6. (b) Name of husband or wife Lula B. Boyd
6. (c) Age of husband or wife if alive ~~80~~ 71 years
7. Birth date of deceased Dec 16 - 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Mt Vernon, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Thos. Boyd
13. Birthplace W. Virginia!
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Wick
15. Birthplace Wick
(City, town, or county) (State or foreign country)
16. (a) Informant Rex Boyd
(b) Address West Plains, Mo Lebo Rt
17. (a) R (Burial, cremation, or removal) (b) Date thereof 7-8-48
(Month) (Day) (Year)
(c) Place: burial or cremation Mt Vernon, Mo
18. (a) Signature of funeral director Robertson
(b) Address West Plains Mo
19. (a) Sept 8-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 2 1 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7
year 1948 hour 10 minute 00 P. M.
21. I hereby certify that I attended the deceased from 7-7-48
, 19, to 7-7-48, 19;
that I last saw him alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration ? for some time
Due to Over exertion in sun causing heat exhaustion — 6 hrs.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
93 E
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 2
23. Signature Virgil S. Bailey (M. D. or other) D.O.
Address 107 Walnut West Plains Mo Date signed 7-11-48

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

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

RECEIVED 9-13-48
District Health Officer No. 5,
District File Number 948584
Date Filed 9-14-48

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 _____ _____, Registered Apprentice No. _____ working under my personal supervision.

Signed D D Roberts

Licensed Embalmer No. 3432

P. O. Address West Plains 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.