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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED DEC 13 1948**  
U.S. DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **36146**  
Registrar's No. **1073**

Registration District No. **128**

Primary Registration District No. **2000**

**1. PLACE OF DEATH:**  
(a) County **Greene**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**O'Reilly VA Hospital** **D**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **14 Days**  
In this community **14 Days** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Oklahoma** (b) County **Kiowa 999**  
(c) City or town **Hobart** **3 1/2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **411 South Arthur Street**  
(If rural, give location) **2**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** **Thomas J. BOYD**

**3: (b) If veteran, name war** **WW II** **3: (c) Social Security No.** **443-26-5814**

**4. Sex** **Male 2** **5. Color or race** **Colored** **6. (a) Single, widowed, married, divorced** **Single U**

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **November 20, 1927**  
(Month) (Day) (Year)

**8. AGE:** Years **21** Months **--** Days **19** If less than one day **8 hr. 25 min.**

**9. Birthplace** **Fallis, Oklahoma**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **None**

**11. Industry or business** \_\_\_\_\_

**12. Name** **Unknown** **9**

**13. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Unknown** **7**

**15. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** **VA Records**

**(b) Address:** **O'Reilly VAH, Springfield, Mo.**

**17. (a) Removal** **(b) Date thereof** **12-8-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Hobart, Oklahoma**

**18. (a) Signature of funeral director** **Springfield, Mo.**  
**(b) Address** \_\_\_\_\_

**19. (a) 12-8-48** **(b) M. J. Hambley**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **December** day **8**  
year **1948** hour **8** minute **25** A. M.

**21. I hereby certify that I attended the deceased from** **November 25, 1948**, to **December 8, 1948**,  
that I last saw him alive on **December 8, 1948**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute cardiac failure** **Duration**  
**secondary to extensive far advanced**  
**pulmonary tuberculosis, bilateral.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **13 B**  
Of operations \_\_\_\_\_

Of autopsy **as above**

**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?** \_\_\_\_\_

**(e) Means of injury** \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_

**23. Signature** **Paul L. Eisele** **(M. D. or other)**  
**PAUL L. EISELE, MD., CLINICAL DIRECTOR**  
**O'REILLY VA H., SPRINGFIELD, MO.** **Date signed 12/8/48**

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

MOTHER FATHER

1950

**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 \_\_\_\_\_

*Gene D. Hunter*

Registered Apprentice No. 291

working under my personal supervision.

Signed *Lewis G. Schopf*

Licensed Embalmer No. 3802

P. O. Address *Springfield, 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.**