No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41009

Registration District No. 274 — Primary Registration District No. 3052 — Registrar's No. 359

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1008 E. 10th (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 1008 E. 10th (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Elizabeth Douglas 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 Charles Boyle 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 11 (Day) 1857 (Year)

8. AGE: Years 91 Months 6 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Pittsburgh (City, town, or county) Penn (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Samuel Douglas
13. Birthplace ..... (City, town, or county) Scotland (State or foreign country)
MOTHER
14. Maiden name Mary McRoberts
15. Birthplace ..... (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mrs Paul Berthouex
(b) Address 1008 E. 10th Sedalia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo.
19. (a) 12-8-48 (Date received local registrar) (b) 251 Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1948 hour 8 minute 00 A.M.
21. I hereby certify that I attended the deceased from Feb, 1947, to December 6, 1948 that I last saw her alive on Nov 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	4-5 yrs.
Due to: Arteriosclerosis & hypertension	
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 J W Boger (M. D. or other)
Address Sedalia Mo Date signed 12-7-48

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

RECEIVED
District Health Officer No. 8.
District File Number.....
Date Filed 12-16-48

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 K. P. McGary
Licensed Embalmer No. 3153
P. O. Address Sedalia 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.