

BUREAU OF THE CENSUS
FILED APR 21 1950

191475 50-335

Registration District No. _____

Primary Registration District No. **6118**Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Scott**
(b) City or town **Oran, mad' Sylvania**
(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 **3 mi SW of Oran**
years, months or days _____ (Specify whether

3. (a) PRINT FULL NAME

Margaret Ann Boyd

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **col.** 6. (a) Single, widowed, married, divorced **S-D**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased **3 - 5 - 1950**
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days **7** If less than one day _____ hr. _____ min.9. Birthplace **Oran, Mo** (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Purvis Boyd Jr**13. Birthplace **Wyona, Mo** (City, town, or county) (State or foreign country)14. Maiden name **Annita Boone**15. Birthplace **Sidon, Mo** (City, town, or county) (State or foreign country)16. (a) Informant **Purvis Boyd Jr**(b) Address **Oran, Mo**17. (a) **McBullam** (b) Date thereof **3-13-50**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Buried**18. (a) Signature of funeral director **W. J. Smith**(b) Address **1212 Main St, Oran, Mo**19. (a) **4/4/50** (b) **W. J. Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Scott**
(c) City or town **Oran, mad' Sylvania**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **11**
year **1950** hour **12** minute _____ M.21. I hereby certify that I attended the deceased from **Oran**
3/10, 1950, to _____, 1950
that I last saw her alive on **3/10**, 1950
and that death occurred on the date and hour stated above.Immediate cause of death **T. status** **3da**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:

Of operations _____

Of autopsy _____

Duration

3da

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. A. Collins** (M. D. or other)Address **Oran, Mo** Date signed **3/13/50**

RECEIVED **APR 14 1950**

SCOTT COUNTY HEALTH CENTER

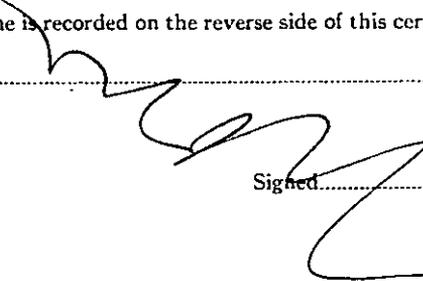
CO. FILE NO. 450-1

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.