

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 349

Primary Registration District No. 2487

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural, Tebo Township
(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 53 years
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(d) City or town R.F.D. Leeton, Mo.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Ursula Frances Boyd ? A A

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 Married

6. (b) Name of husband David Boyd 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 18, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>4</u>	<u>24</u>	_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name John Hudson

18. Birthplace Warsaw, Missouri
(State or foreign country)

14. Maiden name Margie Gerlan
(State or foreign country)

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature David Boyd

(b) Address Leeton, Missouri

17. (a) Burial (b) Date thereof April 14, '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director R. A. Braunniger

(b) Address Leeton, Missouri

19. (a) April 29-40 (b) Miss. E. L. D. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 12
1940 to April 12, 1940

that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation ?

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings: _____

Of operations None

Of autopsy _____

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 Rayford Jordan (M. D. or other)

Address Windsor, Mo. Date signed 4-15-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number. 5-40-761

Date Filed 5-6-44

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.....

R.A. Branninger

Licensed Embalmer No. 3377

P. O. Address Sutton, 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, above space should be left blank.