

JAN 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42647

Registration District No. 352

Primary Registration District No. 5494

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Rural - Bear Creek Twp
(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 20 years years, months or days)

3. (a) PRINT FULL NAME Celina Jane Boyd

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 William Boyd 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 12 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Colmar Ill
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Hatch /
 13. Birthplace Pa
(City, town, or county) (State or foreign country)
 14. Maiden name Susan Pentrose
 15. Birthplace Pa
(City, town, or county) (State or foreign country)

16. (a) Informant John Boyd
 (b) Address Montrose Mo

17. (a) burial (b) Date thereof 12-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bear Creek Cem

18. (a) Signature of funeral director N. A. Harsant

(b) Address Colinton Mo.

19. (a) 12-10-40 (b) W. E. Baggerly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Rural - Montrose
(If outside city or town limits, write "RURAL")
 (d) Street No. Near Montrose
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
 year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar. 9 1940 to Dec. 9 1940

that I last saw him alive on Dec. 9 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to _____

Due to _____

Other conditions 970
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature W. E. Baggerly (M. D. or other) MD
 Address Montrose Mo Date signed 12-10-40

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-13

Date Filed 1-3-41

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, ~~only~~

N. J. Vansant

, Registered Apprentice No.

working under my personal supervision.

Signed

N. J. Vansant

Licensed Embalmer No.

3779

P. O. Address

Clinton, 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.