

U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FORM 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21441

State File No. ....

Registrar's No. 93

FILED JUN 17 1943  
Registration District No. 37

Primary Registration District No. 4218

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor

(c) Name of hospital or institution:  
602 East Jackson

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor

(If outside city or town limits, write "RURAL")

(d) Street No. 602 East Jackson

(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Miss Eliza Forsey Boyd

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 28 1852

8. AGE: Years 91 Months ..... Days 21 If less than one day ..... hr. .... min.

9. Birthplace Huntsville Alabama

10. Usual occupation at home

11. Industry or business .....

12. Name James Allen Boyd

13. Birthplace unknown Alabama

14. Maiden name Mary Dean Forsey

15. Birthplace unknown Alabama

16. (a) Informant J. M. Boyd

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 4-20-43

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) May 4, 1943 (b) Georgia Kitcher

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1943 hour 10:00 a.m. minute ..... M.

21. I hereby certify that I attended the deceased from April 13 to April 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to 108

Due to Mitral Insufficiency

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations .....

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 None

23. Signature [Signature] (M. D. or other) [Signature]

Address [Signature] Date signed 4-20-43

Duration 4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District File Number 5-43-542

Date Filed 6-14-43

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 Ed M. Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.