

FILED JUL 14 1945
Registration District No. _____

Primary Registration District No. **3023**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Clinton mo**
(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) **1**
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **50 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Henry 42**
(c) City or town **Clinton mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **107 Fairview ave**
(If rural, give location) **?**
(e) Citizen of foreign country? **U** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ALICE C. 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 **2 divorced wid**
6. (b) Name of husband or wife **William F** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 30 1898**
(Month) (Day) (Year)

8. AGE: Years **86** Months **10** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Lafayette Co mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

11. Industry or business

12. Name **Louis Comer Albin**
13. Birthplace **Don't know**
(City, town, or county) (State or foreign country)
14. Maiden name **Caroline Wise**
15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emmitt Taylor**
(b) Address **Clinton mo**
17. (a) **Buried** (b) Date thereof **6-3-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Feb Englewood**
18. (a) Signature of funeral director **Cons Albin Speck**
(b) Address **Clinton mo**

19. (a) **June 4** (b) **Myrtle Browder**
(Who received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1**
year **1945** hour **6** minutes **35 P.** M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him _____ alive or _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Struck by freight train wheels cutting body into pieces**
Due to **immediate death**

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

Major findings: **169-4**
Of operations _____
Of autopsy **20**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **6/1/45**
(c) Where did injury occur? **Clinton Henry Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On M.H.T. tracks one mi south of Clinton
While at work? **yes** (Specify type of place) (e) Means of injury **train**

23. Signature **D. R. S. Halligan**
Address **Clinton mo** Date signed **6/4/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7
District File Number 6-45-628
Date Filed 7-12-45

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 *J. E. Conzalez*
Licensed Embalmer No. 1891
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.