

1/47
7-39

FILED NOV 16 1948

Registration District No.

Primary Registration District No. **3.014**

Registrar's No. **97**

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

1. PLACE OF DEATH:

(a) County **Clay**

(b) City or town **Liberty**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **563 E Mill Str.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **79 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Clay**

(c) City or town **Liberty**
(If outside city or town limits, write "RURAL")

(d) Street No. **563 E Mill Str.**
(If rural, give location)

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

If yes, name country **No**

3. (a) PRINT FULL NAME **Frank Boyd**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **Nov.** day **8**
year **1948** hour **9** minute **25** P. M.

4. Sex **Male** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Widowed**

6. (c) Age of husband or wife if alive **dead** years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 8 1948** to **Nov 8 -48**, 19...
that I last saw him alive on **Nov 8 -48**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Duration **4 da**

8. AGE: Years **About 79** Months Days If less than one day **hr. min.**

Due to.....

Due to.....

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

9. Birthplace **Liberty Mo**
(City, town, or county) (State or foreign country)

Due to.....

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

10. Usual occupation **Laborer**

Due to.....

11. Industry or business **--**

Due to.....

12. Name **Frank Boyd**

Due to.....

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Due to.....

14. Maiden name **Lizzy DeCorsey**

Due to.....

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

Due to.....

16. (a) Informant **Anna Boyd Pryor**

Due to.....

(b) Address **483 E Kansas Liberty Mo**

Due to.....

17. (a) **Burial** (b) Date thereof **11-10-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

Due to.....

(c) Place: burial or cremation **Fairview, Liberty**

Due to.....

18. (a) Signature of funeral director **O. J. ...**

Due to.....

(b) Address **Liberty Mo**

23. Signature **W. A. ...** (M. D. or other) **M. D.**

19. (a) **11-10-1948** (b) **Dorinda ...**
(Date received local registrar) (Registrar's signature)

Address **Liberty Mo** Date signed **11-10-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-15-48

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 O. J. Gardner Jr.

Licensed Embalmer No. 39234

P. O. Address Liberty, 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.