

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

DEC 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39037
Do not use this space.

1. PLACE OF DEATH 3

(a) County Buchanan 1 Registration District No. 35

(b) Township St. Joseph Primary Registration District No. 10003

(c) City St. Joseph (d) Street No. State Hoop # 2 Registered No. 1171

(e) Length of residence in city or town where death occurred 12 yrs. 7 mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John M. Boydston

(a) Residence, No. Harrisonville Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>Est.</u>	<u>83</u>	<u>?</u>	<u>?</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. common laborer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Records of State Hospital # 2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte Co. Mo. DATE Nov. 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Rollins Platte City Mo.

20. FILED Nov. 15, 1939 N. J. Neathelud Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939, to November 14 1939

I last saw him alive on November 14 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease

Other contributory causes of importance: Pulmonary edema

Name of operation None Date of _____

What test confirmed diagnosis? Chin + Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) D. B. Johnson, M. D.

(Address) State Hoop # 2 St. Joseph, Mo.

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.....

E. Benjamin Cost

....., Registered Apprentice No.

working under my personal supervision.

Signed

E. Benjamin Cost

Licensed Embalmer No.

40 59

P. O. Address

Platte City, 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.