

13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25580

Registration District No. 467

Primary Registration District No. 4280

State File No. _____

Registrar's No. 38

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
126 West Lee St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James I. Boyd 300

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Boyd 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Dec. 20 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 24 hr. _____ min.

9. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Miner 1

11. Industry or business _____

12. Name James Boyd 1

13. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Boyd
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 7/15.40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.
(d) Signature of funeral director J.F. King 410
(e) Address Aurora Mo.
19. (a) Aug 1, 1940 (b) R.D. Cowan M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 126 West Lee St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1940 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 1
1940 to July 13 1940
that I last saw him alive on July 13, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis Duration _____

Due to _____
Due to 12410

Other conditions Cirrhosis of liver
(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? _____

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

23. Signature W. J. Herron (M. D. or other) 1
Address Aurora Mo Date signed 7/14/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 840-2485

Date Filed AUG 19 1940

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

Herman Swridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.