

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

44085

State File No. _____

JAN 23 1941

836

Registration District No. _____

Primary Registration District No. 6098A

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Stoddard
 (b) City or town Liberty Township
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days 2

8. (a) PRINT FULL NAME William L Boyd
 8. (b) If veteran, name war ✓ 8. (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 Matthew Boyd 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Dec 13 1870
 (Month) (Day) (Year)

8. AGE: Years 70 Months ✓ Days ✓ If less than one day _____ hr. _____ min.

9. Birthplace Jennett (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Judge Boyd

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

14. Maiden name Martha Howard

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

16. (a) Informant's own signature _____

(b) Address Bernie Mo R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 - 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bernie Mo

18. (a) Signature of funeral director Anderson Funeral Home

(b) Address Campbell Mo

19. (a) Jan 31 - 1940 (Date received local registrar) (b) Laura Hopkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
 (c) City or town Paris Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Mo (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 - 1940
 year 1940 hour 9 minute 0 P. M.
 21. I hereby certify that I attended the deceased from 8-10-40
 1940 to 12-13 1940
 that I last saw him alive on 12-11 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver Duration 3 mo.

Due to Cancer

Due to Cancer of Liver

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

Major findings: Of operations none

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? 843

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

23. Signature Dawsey Ryan (M. D. or other)

Address Bernie Mo Date signed 12-14-40

RECEIVED

District Health Officer No.

District File Number 141-3

Date Filed 1/9/4

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.....

Licensed Embalmer No.....

P. O. Address.....

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.