

Registration District No. 89

Primary Registration District No. 3-007 5131

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Harriell, Poplar Bl. Co. Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Gen. Del.  
(If not in hospital or institution, write street number or location)

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

In this community 50 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Butler

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

(d) Street No. Poplar  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Willis Boyd

3. (b) If veteran, name war no.

3. (c) Social Security No. NO

4. Sex mb

5. Color or race W

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

6. (b) Name of husband or wife Ruthie Boyd

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec. 28, 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Webster Co. Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name High Boyd

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

14. Maiden name Rhoda Scott

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

16. (a) Informant Emma Boyd

(b) Address Harriell Mo.

17. (a) Burial (b) Date thereof 1-31-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Cemetery

18. (a) Signature of funeral director Black's Mortuary

(b) Address Carving ash

19. (a) 1-31-42 (b) Belle Kinne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29  
year 1942 hour 6:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to infirmities of old age

Due to \_\_\_\_\_

Other conditions 162 h  
(Include pregnancy within 3 months of death)

Major findings: Of operations NONE

Of autopsy NONE

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 Alfred Miller Coroner  
(M.D. or other)

Address Poplar Bluff Mo Date signed 1/29/42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12  
80

RECEIVED

District Health Office No. 2,

District File Number 242-217

Date Filed 2-11-42

**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, ~~only~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Leslie D. Russell  
Licensed Embalmer No. 3855-  
P. O. Address Corning Ark

**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.**