

Registration District No. 1102

Primary Registration District No. 5870

Registrar's No.

1. PLACE OF DEATH: Remiscot
 (a) County Remiscot
 (b) City or town Rural (Roscoe) Mo
 (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
 years, months or days) 5 yrs

3. (a) PRINT FULL NAME Edgar Boykin
 3. (b) If veteran, name war
 3. (c) Social Security No. 2

4. Sex M 2. Color or race Col.
 5. Color or race Col.
 6. (a) Single, widowed, married, divorced 9
 6. (b) Name of husband or wife Dora Boykin
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased 10 15 1885
 (Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 12
 If less than one day hr. _____ min. _____

9. Birthplace Corrallton 1 Miss
 (City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business Cotton farms

12. Name Frank Boykin
 13. Birthplace Corrallton 1 Miss
 (City, town, or county) (State or foreign country)

14. Maiden name Maude Jones
 15. Birthplace Corrallton 1 Miss
 (City, town, or county) (State or foreign country)

16. (a) Informant Dora Boykin
 (b) Address Roscoe, Mo.

17. (a) Burial (b) Date thereof 3-1-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roscoe, Mo.

18. (a) Signature of funeral director Smith & Hill
 (b) Address Ray, Mo.

19. (a) 3-9-42 (b) Mrs F. R. Cole
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Remiscot 28
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. one mile west of Roscoe
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27
 year 42 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from 9-17-40
 _____, 19____, to 1-16, 19____
 that I last saw him alive on 1-16-42, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary failure
from pleural effusion
lung from malignancy
in right shoulder
 Other conditions (no sections made)
 (Include pregnancy within 3 months of death)

Duration

2 months

2 1/2 yrs

PHYSICIAN

Major findings: _____
 Of operations _____
 Of autopsy _____

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 [Signature] (M. D. or other) _____
 Address Marshall, Mo. Date signed 2-22-42

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

78
00

3-42-27

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.....

968

P. O. Address.....

Edwards 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.