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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7542

FILED MAR 4 1942

Registration District No. 0296 Primary Registration District No. 5925 Registrar's No. 4

1. PLACE OF DEATH:

(a) County: Platte

(b) City or town: Platte City - Rural

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 miles N-E Platte City Mo / Route # 3.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 63 years

2. USUAL RESIDENCE OF DEACESED:

(a) State: 1 (b) County: 83

(c) City or town: 0

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

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Wesley Boydston

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male m

5. Color or race: W

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

6. (b) Name of husband or wife: Ethel Boydston

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: Feby (Month) 26 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
63	11	16	hr. min.

9. Birthplace: Platte City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: None

FATHER
12. Name: Nathaniel Boydston
13. Birthplace: Platte City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Margaret Hoover
15. Birthplace: Platte City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Ethel Boydston

(b) Address: Platte City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feby 14-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Ridgely Cemetery

18. (a) Signature of funeral director: Lillian Davis

(b) Address: Dearborn Mo.

19. (a) 2-13-42 (Date received local registrar) (b) Mrs Clay Siffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 12th day Feb. year 1942 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 1st, 1937, to February 12, 1942, that I last saw him alive on Feb. 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Stenosis — Duration 10 yrs
Myocarditis (Chronic) — 5 yrs

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 938

Major findings:
Of operations: None
Of autopsy: None

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: S. L. Durham (M. D. ~~or other~~) (1)

Address: Dearborn Mo Date signed 2-13-42

1209

(Licensed Embalmer's Statement on Reverse Side)

-M.0

RECEIVED
District Health Officer No. Platte
District File Number 3-42-20
Date Filed 3-3-42

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, ~~or by~~ _____, Registered Apprentice No. C, working under my personal supervision.

Signed Lucian Davis

Licensed Embalmer No. 4168

P. O. Address Dearborn 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.

V. S. No. 2B
—8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 75 42

Registration District No. 696 Primary Registration District No. 5425 Registrar's No.

1. PLACE OF DEATH:
(a) County: Platte
(b) City or town: Rural
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Platte
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Wesley Baydstore
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb (Month) 26 (Day) 1878 (Year)
8. AGE: Years 63 Months 11 Days 18 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Feb. 13-42 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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