

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13614

State File No. _____

Registrar's No. 39

Registration District No. 205

Primary Registration District No. 205

1. PLACE OF DEATH: Andrew

(a) County Andrew

(b) City or town St. Joseph R.R. No. 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pederson 2nd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Three years
years, months or days

3. (a) PRINT FULL NAME Louis David Boyles

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mary Frances Boyles

6. (c) Age of husband or wife if alive 22 - 18 - 50

7. Birth date of deceased Dec 22 - 18 - 50
(Month) (Day) (Year)

8. AGE: Years 9:1 Months 4 Days 2 If less than one day hr. min.

9. Birthplace St. Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Marie Evelyn Fletcher

(b) Address Seventance Kans

17. (a) Burial (b) Date thereof April 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Opport cemetery

18. (a) Signature of funeral director J. Fred Terhune

(b) Address Sawanna Mo

19. (a) 4-26-42 (b) J. H. Fitchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew

(c) City or town St. Joseph Rural
(If outside city or town limits, write "RURAL")

(d) Street No. RR # 2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24
year 1942 hour 2 AM minute _____ M.

21. I hereby certify that I attended the deceased from 4/23/42 to 4/24/42
19____, to _____, 19____;

that I last saw him alive on 4/23/42 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
arterio-sclerosis

Due to Age

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings: _____
Of operations _____

Of autopsy no

Duration _____

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) no

(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 5

23. Signature J. T. Stanley (M. D. or other) _____

Address 2024 St. Joseph Mo Date signed 4/24/42

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

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.....

Fred Turham

Licensed Embalmer No.....

1279

P. O. Address.....

Savannah

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.