

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24789

State File No. _____
Registrar's No. 65

Registration District No. 566 Primary Registration District No. 3030

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

67
1
2

1. PLACE OF DEATH:
(a) County MISSISSIPPI
(b) City or town CHARLESTON
(c) Name of hospital or institution:
302 N. MAIN STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON
(If outside city or town limits, write "RURAL")
(d) Street No. 302 N. MAIN STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME REECE BOWEN BOYCE
(b) If veteran, name war X X X
(c) Social Security No. X X X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21
year 1942 hour 5:45 minute _____ M.
21. I hereby certify that I attended the deceased from July 6
1942 to July 18, 1942
that I last saw him alive on July 18, 1942
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMA LONG BOYCE
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased NOVEMBER 19 1864
(Month) (Day) (Year)

Immediate cause of death respiratory failure
Due to Cerebral apoplexy

8. AGE: Years 76 Months 8 Days 2
If less than one day _____ hr. _____ min.

Due to _____
Other conditions angina pectoris
(Include pregnancy within 3 months of death)

9. Birthplace COVINGTON TENNESSEE
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED FARMER

Due to _____
Major findings:
Of operations _____
Of autopsy _____

11. Industry or business RETIRED FARMER
12. Name JOHN KIRK PATRICK BOYCE
13. Birthplace UNKNOWN N. CAROLINA
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA BOWEN
15. Birthplace UNKNOWN N. CAROLINA
(City, town, or county) (State or foreign country)

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)
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 _____

16. (a) Informant Mrs. Emma L. Boyce
(b) Address Charleston, W. Va.
17. (a) BURIAL (b) Date thereof 7-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. CEMETERY - CHARLESTON
18. (a) Signature of funeral director John F. Hummel
(b) Address CHARLESTON, W. VA.
19. (a) July 25/42 (b) D. E. Hauer
(Date received local registrar) (Registrar's signature)

23. Signature J. Hauer (M. D. or other) D.O.
Address Russell Hotel Date signed July 23 1942

RECEIVED

District Health Office No. 2

District File Number 842-1034

Date Filed 8-10-42

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, *and*
Joe Robert Nunnallee, Registered Apprentice No. *Applied for*
working under my personal supervision.

Signed *John F. Nunnallee Jr.*
Licensed Embalmer No. *3857*
P. O. Address *Charleston W. Va.*

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.