

18

FILED MAR 27 1943

Registration District No.

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community: 2.5 Pa. years, months or days) ²

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 206 E 5th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME Kenneth Eugene Boyd

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race O 6. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased Jan. 8 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Boyd
13. Birthplace Rolla Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sylvia Wright
15. Birthplace Jakes Prairie Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Boyd
(b) Address Rolla, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Jakes Prairie, Mo

18. (a) Signature of funeral director Alfred Smith
(b) Address Rolla, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1943 hour 3 minute 50 P.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.

Immediate cause of death. Scarlet Fever

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) _____
(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) (Mean of injury)

23. Signature Alfred Smith (or other) _____
Address _____ Date signed _____

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..... *James H. Holloway*.....
Licensed Embalmer No..... *3643*.....
P. O. Address..... *Cuba, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7206
Registrar's No. 18

Registration District No. 275

Primary Registration District No. 2053

1. PLACE OF DEATH: Phelpa
(a) County Phelpa
(b) City or town Rella
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 Kenneth Eugene Bay
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month 7 year 1943 hour _____ minute _____ M.

4. Sex (male) (5. Color or race white)
6. (a) Single, widowed, married, divorced Infant
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____; that I saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

7. Birth date of deceased Jan 8 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Feb. 15-43 (b) Kellen Kaefer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

