

No. 2
-5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43716**
Registrar's No. **132**

FILED JAN 10 1944
Registration District No. **124**

Primary Registration District No. **3032**

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

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Clinic**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether
In this community **Life time**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Warrensburg**
(If outside city or town limits, write "RURAL")
(d) Street No. **323 E. Market**
(If rural, give location)
(e) Citizen of foreign country? **No**
If yes, name country **A**

3. (a) PRINT FULL NAME

THOMAS WATSON BOYD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **MALE** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Lollie R. Boyd** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **May 16 1885**
(Month) (Day) (Year)

8. AGE: Years **58** Months **6** Days **24** If less than one day hr. min.

9. Birthplace **Montserrat Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal and Ice Company**

11. Industry or business

12. Name **George M. Boyd**

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

14. Maiden name **Louisa Clifford**

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

16. (a) Informant **Mrs. W. Boyd**

(b) Address **Warrensburg, Mo**

17. (a) **Burial** (b) Date thereof **Dec. 12, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Knob Noster Cemetery**

18. (a) Signature of funeral director **W. H. H. H. H.**

(b) Address **Warrensburg, Mo**

19. (a) **Dec. 14, 1943** (b) **Sealain Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **10**
year **1943** hour **2** minute **A** M.

21. I hereby certify that I attended the deceased from **Oct 19** 19 **42** to **Dec 10** 19 **43**

that I last saw him alive on **Dec 10** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **1 yr**

Due to **Silicosis, Aspergillosis** **3 yrs**

Due to

Other conditions (Includes 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 **W. H. H. H.** (M. D. or other)
Address **Warrensburg, Mo** Date signed **12/14/43**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-2-44

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 *myself*

Registered Apprentice No.

working under my personal supervision.

Signed

Samuel G. McClurey

Licensed Embalmer No.

3557

P. O. Address

Warrenburg, 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.