

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24881

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Johns Hospital
 (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 40 years
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary C. Boyd3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex Female 5. Color or race W.
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife widowed 6. (c) Age of husband or wife if alive, years
 7. Birth date of deceased April 3 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 16 hr. min.9. Birthplace Meement County Illinois
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business

12. Name Peter Caughenbaugh
 13. Birthplace Penn
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Tracy
 15. Birthplace Maryland
 (City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mrs. Treva R. Prince(b) Address Joplin, Mo.17. (a) burial (b) Date thereof 7/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Hope Cemetery18. (a) Signature of funeral director Hedge-Nelson(b) Address Webb City, Mo.19. (a) 7-19-44 (b) Gittens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1944 hour 4:10 minute A. M.21. I hereby certify that I attended the deceased from Monday 1914 to July 19 1944;
that I last saw h. alive on July 15 1944;
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis
Senile Dementia
Duration several
monthsDue to 93d
Other conditions (include pregnancy within 3 months of death)Major findings: Of operations 93d
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 Gittens (M. D. or other)
 Address Joplin Mo Date signed 7/19/44

(Licensed Embalmer's Statement on Reverse Side)

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

1204

44-7-624

NOV 11 1962

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 *E. M. Hodge*
Licensed Embalmer No. 2859
P. O. Address *Wesley, 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.