

FILED JUN 12 1946

Registration District No. 42 Primary Registration District No. 5131 Registrar's No. 673

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town Tremont Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route # 1 Agency 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town Agency (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 1,
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Richard Boyd

3. (b) If veteran, name war None 3. (c) Social Security No. 491-10-1417

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

6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August 25, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>11</u>	hr. _____ min.

9. Birthplace Smith Center, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Crane Operator

11. Industry or business Feeney Construction Co.

12. Name Holmes Boyd

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

14. Maiden name Elizabeth Jones
(City, town, or county) (State or foreign country)

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

16. (a) Informant Jennie Boyd (Ex-wife)

(b) Address Rt. # 1, Agency, Mo.

17. (a) Burial (b) Date thereof 5/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director John E. Druff

(b) Address 6054 Pryor Ave., City

19. (a) June 11, 1946 (b) A. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
 year 1946 hour 8 minute P.

21. I hereby certify that I attended the deceased from viewed June 7th 46 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 Injuries received when Auto he was driving went over an embankment

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy MC 8 28

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence June 6th 1946

(c) Where did injury occur? Rural Buchanan County

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) _____

(e) Means of injury Auto

23. Signature B. W. Tadlock Coroner (M. D. or M. C.)
 Address King Hill Bldg Date signed 6/11/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18465

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54

116

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, ~~only~~.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *John E. Rupp*
Licensed Embalmer No. *3986*
P. O. Address *St. Joseph, 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.