S. No. 2
M—8-43
5-17-39
P I X37823

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

25135

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26289

FILED AUG 27 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 927

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution m 5 days (Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 83

(a) State Missouri (b) County Platte

(c) City or town Dearborn Missouri Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi East of Dearborn Mo 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Henry Pierce Boydston

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace Boydston

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 24th (Month) 1886 (Day) (Year)

8. AGE: Years 60 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Platte Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Industry

FATHER
12. Name Benjamin F Boydston
13. Birthplace --- ------ (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Martha Ann Borden
15. Birthplace ---------- (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Grace Boydston
(b) Address Dearborn Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/46 (Month) (Day) (Year)
(c) Place: burial or cremation Davis Chappel Cem

18. (a) Signature of funeral director Lucian Davis
(b) Address Dearborn Missouri

19. (a) Aug. 19, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By V.N.H.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1946 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug - 5, 1946, to Aug - 15, 1946;
that I last saw him alive on Aug - 15, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure Coronary Occlusion	?
Due to Coronary Disease	?
Due to	
Other conditions Pulmonary Edema (Include pregnancy within 3 months of death)	5 days

Major findings:
Of operations
Of autopsy

940

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) 0
(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) 0
While at work? (e) Means of injury

23. Signature L. L. Howden (M. D. or other) M.D.
Address 620 Francis St. St. Joseph, Mo. Date signed 8-19-46

(Licensed Embalmer's Statement on Reverse Side)

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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn Missouri

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.