S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 565 566

Primary Registration District No. 3012

Registrar's No. 5

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos. 4 days (Specify whether years, months or days)

In this community 4 mos. 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Webb City
(If outside city or town limits, write "RURAL")

(d) Street No.: 316 N. Walker
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME: David W. Boyd

3. (b) If veteran, name war: World War I

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: Mrs. Mabel Boyd

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: July (Month) 1 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	6	4	____ hr. ____ min.

9. Birthplace: Webb City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Railroad Co.

FATHER

12. Name: Robert Doane Boyd

13. Birthplace: ---- (City, town, or county) Ark. (State or foreign country)

MOTHER

14. Maiden name: Mary E. Skinner

15. Birthplace: ---- (City, town, or county) Ill. (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration Hospital

(b) Address: Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Removed to: Webb City, Missouri

18. (a) Signature of funeral director: Virgil Hope

(b) Address: HOPE FUNERAL HOME Excelsior Springs, Missouri

19. (a) 1/9/47 (Date received local registrar) (b) Catherine Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1947 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from September 1, 1946 to January 5, 1947; that I last saw him alive on January 5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis -- acute	
Due to ruptured viscus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Tuberculosis, intestinal	

Major findings of operation: Peritonitis--acute, due to ruptured viscus. Due to --

Of autopsy: Carcinoma of the rectum. metastasis to liver and lungs

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: R. H. KAPLAN, Clinical Director (M.D. or other) MD

Address: Veterans Administration Hosp. Excelsior Springs, Mo. Date signed 1/5/47

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health ... p. 8,
District File Number
Date Filed 1-18-47

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 A. Moles

Licensed Embalmer No. 3296

P. O. Address Ely Springs 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.