

Registration District No. 280

Primary Registration District No. 6-964

1. PLACE OF DEATH:

(a) County PLATTE
(b) City or town RURAL - PRESTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIPETIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PLATTE 83
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALLEN WAYNE BOYDSTON

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 SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: 12 18 46
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 24 hr. min.

9. Birthplace SMITHVILLE Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER { 12. Name OWEN BOYDSTON

13. Birthplace PLATTE Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name BETTY LEE WEST

15. Birthplace BUCHANAN Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Owen Boydston

(b) Address Dearborn Mo.

17. (a) burial (b) Date thereof 3-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dearborn Mo. Cem.

18. (a) Signature of funeral director Rollins - Nash

(b) Address Edgerton Mo.

19. (a) Opas-48 (b) Mrs. B. B. Rollins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 accidental strangulation

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations IE
45
19
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) accident

(b) Date of occurrence 3-14-47

(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 Tom H. Hulitt (M.D. or other) coroner

Address Platte City Mo Date signed 3-14-47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed *Virian R. Nash*

Licensed Embalmer No. *3947*

P. O. Address *Edgerton 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.