S. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20642

Registration District No. 128 Primary Registration District No. ~~XXXXXX~~ 5466 Registrar's No. 473

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Rural, S.Campbell Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 1½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 7 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Almeda Boyd
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Newton Wesley Boyd
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased January (Month) 3, (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	5	2	hr. min.

9. Birthplace Oblong, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business In Home

FATHER
12. Name Unknown Newlin 9
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Charlotte Unknown 9
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Virval D. Boyd
(b) Address Springfield, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Independence, Missouri
18. (a) Signature of funeral director Gorman-Scharpf Funeral
(b) Address Springfield, Missouri Home
19. (a) 6-7-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th, year 1947 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1947, 19__, to June 5, 1947; that I last saw her alive on 6/5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, hypostatic congestion — Duration 3 days
Due to Myocardial degeneration, Chronic
Due to Senility
Other conditions Post apoplectic state
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

93 B

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 0

23. Signature N Kerhoover (M. D. ~~or other~~)
Address Springfield Mo Date signed 6/2/47

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1949

0501

DEC 2 1949

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 L Dorlin Forman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.