S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 3160

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32241

Primary Registration District No. 3060

Registrar's No. 311

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

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois 94

(c) City or town Farmington Rural rt. 3 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME JOHN WILLIAM BOYD

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Ellen Boyd

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April (Month) 5 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	6	..... hr. ..... min.

9. Birthplace Ste. Genevieve County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

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

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

16. (a) Informant Marion Boyd 1
(b) Address Farmington, Mo

17. (a) burial (b) Date thereof 9/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mayberry Cemetery

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo

19. (a) 9-15-47 (b) Esther Rudloff 291
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1947 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from August 14, 1947, to Sept 11, 1947, that I last saw him alive on Sept 11, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion rt.	
Due to Arteriosclerotic heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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) 0

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

23. Signature S. A. Lanzafame (M. D. or other) Md.

Address 501 "C" St. Date signed Sept 10 1947

Farmington, Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

Registration File Number 947-12

Date Filed 9-22-47

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 Paul K Royal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.