

S. No. 2  
OM-542  
Rev. 5-17-39  
X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26815

State File No. \_\_\_\_\_

**FILED SEP 4 1946**

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 524

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

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Ayers Hiram Boyd

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

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Jan. 26, 1876, 1  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>5</u>	<u>11</u> hr. <u>5</u> min.

9. Birthplace: Boone Co. Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & stockman

11. Industry or business Agriculture

12. Name Tillman Boyd

13. Birthplace Unk. Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Carson

15. Birthplace Unk. Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. R. Boyd

(b) Address Alpena, Arkansas

17. (a) Burial (b) Date thereof July 3, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alpena, Arkansas

18. (a) Signature of funeral director A. C. Christeson  
Harrison, Arkansas

(b) Address \_\_\_\_\_

19. (a) 7-11-45 (b) D. W. E. Harshbarger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Boone 994

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1945 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from June 28, 1945, to July 1, 1945;  
that I last saw him alive on July 1, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Post-operative embolus (Sudden or near)

Due to Gangrene of rt. foot 3 wks.  
Diabetes mellitus 6 or 7  
 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Gangrene of foot

Of operations \_\_\_\_\_

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) \_\_\_\_\_

(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 \_\_\_\_\_

23. Signature Ray S. Cullaway M. D. or other \_\_\_\_\_  
Address: Springfield, Missouri Date signed 7-3-45

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**