

U.S. No. 2
FORM-5-43
REV. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2015-46
State File No. **23932**
Registrar's No. **524**

FILED JUL 31 1945
128

Registration District No. _____ Primary Registration District No. **2000**

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)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Boone 999**

(c) City or town **Alpena** (If outside city or town limits, write "RURAL") **3**

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

(e) Citizen of foreign country? _____ (Yes or No) **2**

If yes, name country _____

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 **Married** /

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**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	69	5	5	_____ hr. _____ min.

9. Birthplace **Boone Co. Ark. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer & Stockman**

11. Industry or business **Agriculture**

MOTHER FATHER

12. Name **Tillman Boyd**

13. Birthplace **Unk. Tenn. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Carson**

15. Birthplace **Unk. Tenn. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. H. Boyd**

(b) Address **Alpena, Ark.**

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

(c) Place: burial or cremation **Alpena, Ark.**

18. (a) Signature of funeral director **A. C. Christeson**

(b) Address **Harrison, Ark.**

19. (a) **7-11-45** (b) **W. H. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1** 19**45** hour **8** minute **45** 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	Duration
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: Of operations Gragrene of foot	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy _____	

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 **Guy Callaway MD** (M. D. or other)

Address **Springfield Mo** Date signed **7/11/45**

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

98X (Licensed Embalmer's Statement on Reverse Side)

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.

