

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28705

State File No. _____

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
Second and Bluff Street /
(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 55 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 84

(c) City or town Richmond, Missouri /
(If outside city or town limits, write "RURAL")

(d) Street No. Second and Bluff Street /
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Thomas Boyce

3. (b) If veteran, name war no

3. (c) Social Security No. 487-01-5508

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1947 hour 7 minute 30 A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maggie Boyce

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

7. Birth date of deceased December 1, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 10, 1947 to Aug 22, 1947 that I last saw him alive on Aug 22, 1947 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Pneumonia (Bronchial) Duration 5 days

9. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)

Due to Influenza 2 days

Due to _____

10. Usual occupation Liner

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

11. Industry or business Coal Mining

Major findings: Of operations _____

12. Name Thomas Boyce, Sr.

13. Birthplace Lebanon, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mahala Justice

15. Birthplace Richmond, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Boyce

(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof 8/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quast-Lile Funeral Home

(b) Address Richmond, Missouri

19. (a) Aug 23-1947 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

Of autopsy 38A

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? 2

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. E. J. Revam Date signed Aug 22

Address Richmond, Mo.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-11-47

FEB 25 1948

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 Louis Sweet
Licensed Embalmer No. 4096
P. O. Address Richardson, 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.