

Registration District No. 775

Primary Registration District No. 6020

Registrar's No. 74

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town R-1, Bonne Terre 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  
(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME EUNICE LORENE BOYD  
3. (b) If veteran, name war V  
3. (c) Social Security No. V

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 10th  
year 1941 hour 5 minute 19 M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alvin Boyd  
6. (c) Age of husband or wife if alive 31 years  
7. Birth date of deceased Sept. 30 1911  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 7, 1941, to Oct 12, 1941;  
that I last saw her alive on Oct 10, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
30 0 10 hr. min.

Immediate cause of death Chronic myocarditis Duration 13 years  
Due to overweight  
Due to \_\_\_\_\_

9. Birthplace St. Francois Co. Missouri  
(City, town, or county) (State or foreign country)

Other conditions acute pharyngitis 3 days  
(include pregnancy within 3 months of death)

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Thomas Jefferson Pinbator  
13. Birthplace St. Francois Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Jeane Richardson  
15. Birthplace St. Francois Co. Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 93d  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Alvin Boyd  
(b) Address R-1, Bonne Terre Mo  
17. (a) Burial (b) Date thereof Oct. 12, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Marvin Chapel  
18. (a) Signature of funeral director Bertram Co  
(b) Address 313 Bertram Bonne Terre Mo  
19. (a) \_\_\_\_\_ (b) N. W. Hawburn  
(Date received local registrar) (Registrar's signature)

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 J. L. Curran (M. D. or other) \_\_\_\_\_  
Address Bonne Terre Mo Date signed 10-12-41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

*C. J. Claywell*

Licensed Embalmer No. *3706*

P. O. Address *Bonnet Avenue 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, above space should be left blank.**