

JAN 15 1940 250
Registration District No. 250

Primary Registration District No. 4150

Registrar's No. 33

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Gallatin
(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 14 Years
(Specify whether
in this community 14 Years
years, months or days)

3. (a) PRINT FULL NAME Emma Susan Boyer
3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lawrence L. Boyer
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March 28 1893
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Chas. A. McBrayer
13. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Adelia Culver
15. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. R. Boyer
(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 12-7-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope, Furn. & Mfg. Co.
(b) Address Gallatin, Missouri 327

19. (a) Dec 6 39 (b) H. D. Hope
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Gallatin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1939 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from Mar. 14-28
_____ 19____ to Dec. 5- 1939;
that I last saw her alive on Dec. 5 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast

Due to _____
Due to SD
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature L. R. Doolin (M. D. or other) _____
Address Gallatin, Mo. Date signed 12-6-39

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.

Dist. No. 11,
District File No. 140-1881
Date Filed MAR 11 1940

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.