

WRITE PLAINLY, WITH OMPACTING INFORMATION THIS IS 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.

FILED MAY 13 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14300  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township St Joseph 2 Primary Registration District No. 1901 Registered No. 386  
 (c) City St Joseph 2 (d) Street No. 222 W Indiana Ave St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ernest Boyer  
 (a) Residence, No. 222 W Indiana Ave St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 8 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Commissioner  
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER 13. NAME David Boyer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Harrist Schaeffer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Ernest Boyer  
 (ADDRESS) 222 Ind. Ave. St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington Mo DATE 4/3/40

19. FUNERAL DIRECTOR Wm Funeral Home  
 (ADDRESS) Burlington, Mo

20. FILED April 3 1940 J. H. Hest Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1940 to Apr 2, 1940  
 I last saw him alive on Apr 1, 1940 Death is said to have occurred on the date stated above, at 7:40 P  
 The principal cause of death and related causes of importance were as follows:  
Ch. Valvular that Dis  
Ch. Arteriosclerosis  
92H  
 Other contributory causes of importance:  
Angina & Bronchial 1940  
Thrombocytosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Hest M. D.  
 (Address) 100 Joseph

STATEMENT BY LICENSED EMBALMER

I, R. L. Gable, Licensed Embalmer No. 3308

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed R. L. Gable  
Licensed Embalmer No. 3308

**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.)**