DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15233

MAY 13 1940

Registration District No. 421

Primary Registration District No. 5575

Registrar's No. 35

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town [illegible]
(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 0 (Specify whether
In this community years, months or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gertrude M. Boyer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Jos. J.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 6 (Day) 1889 (Year)

8. AGE: Years 50 Months 5 Days 0 If less than one day hr. — min.

9. Birthplace Doe Run (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Wm Lindsey
13. Birthplace Ava (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Emma Henson
15. Birthplace Ava (City, town, or county) Ill (State or foreign country)
16. (a) Informant's own signature Edgar Lindsey
(b) Address Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cemetery
18. (a) Signature of funeral director E. L. Fink
(b) Address Festus, Mo
19. (a) 4/9/40 (Date received local registrar) (b) J E Rutledge Mr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6 p.
year 1940 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from By holding Inquest on April 7th, 1940
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Basal fracture of skull and brain injury	
Due to Being hit over the head	
Due to with an iron poker	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

175B

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) homicide
(b) Date of occurrence April 6-1940
(c) Where did injury occur? Near Festus, Jeff. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? (e) Means of injury
23. Signature Frank Frazier, Coroner (M. D. or other)
Address Festus, Mo. Date signed 4/9/40

(Licensed Embalmer's Statement on Reverse Side)

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 Elena Provinci

Licensed Embalmer No. 3403

P. O. Address Festus Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.