

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Mt. Vernon, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri State Sanatorium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 52 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
 (c) City or town Old Mines
 (If outside city or town limits, write "RURAL")
 (d) Street No. None
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary Agatha Boyer

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henry Huie Boyer 6. (c) Age of husband or wife if alive unknown
 7. Birth date of deceased March 30 1899
 (Month) (Day) (Year)

8. AGE: Years 41 Months 1 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Near Old Mines Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Robert Boursaw

18. Birthplace Old Mines Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Dequina

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof May 27 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old mines mo

18. (a) Signature of funeral director C. L. Sparks

(b) Address Potosi mo

19. (a) May 25, 1940 (b) P. A. HOLMES
 (Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
 year 1940 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from April 1, 19 40 to May 25, 19 40
 that I last saw her alive on May 24th, 19 40
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
 Duration March 1939

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature J. Jones (M. D. or other) _____

Address Mt. Vernon Mo. Date signed 5/25/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 640-1380

Date Filed JUN 10 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.....

Licensed Embalmer No.....

P. O. Address.....

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.