

FILED DEC 12 1940

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

40031

Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 887
 (b) Township Union 2 Primary Registration District No. 6182 Registered No. _____
 (c) City _____ (d) Street No. _____ 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 HERMAN DONALD BOYER

(a) Residence, No. Cadet, no. Route #1. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cadet, Mo. (STATE OR COUNTRY) Route #1

FATHER 13. NAME FRANCIS BOYER.

14. BIRTHPLACE (CITY OR TOWN) Fertile, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Courtis

16. BIRTHPLACE (CITY OR TOWN) Fertile, Mo. (STATE OR COUNTRY)

17. INFORMANT Latitia Sansonick (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fertile, Mo. DATE Nov 3 1940

19. FUNERAL DIRECTOR None (ADDRESS)

20. FILED Dec 1 1940 H. P. Resende Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30 1940, to Nov. 2 1940

I last saw him alive on Nov. 1 1940 Death is said

to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

lobar pneumonia Date of onset Oct. 30

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Dr. V. W. Wainwright M. D.

(Address) Dr. Lot, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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.....

Licensed Embalmer No.....

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.)