

No. 2
4-13-40
5-17-39
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1797

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 26

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Missouri Methodist Hosp.
(d) Length of stay: In hospital or institution 5 hours
In this community 5 hours

3. (a) PRINT FULL NAME Nancy Sue 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, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 8, 1941
(Month) (Day) (Year)

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

9. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business Dean Boyer

MOTHER FATHER { 12. Name Dean Boyer
13. Birthplace Buchanan County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Eva Carolus (City, town, or county) (State or foreign country)
15. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address 407 1/2 North 13th

17. (a) Burial (b) Date thereof 1-9-41
(Burial, cremation, or removal) Mt. Mora Cemetery
(c) Place: burial or cremation Tracy Barry Funeral

18. (a) Signature of funeral director _____ (b) Address 218 South 10th St St. Joseph, Mo.

19. (a) 1/9/41 (b) Nestlebusch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 407 1/2 North 13th St
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 8
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 8, 1941, to Jan 8, 1941; that I last saw her alive on Jan 8, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage
Due to: Blood Poisoning

Due to: _____
Other conditions: _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: _____ (M. D. or other) _____
Address: _____ Date signed 1-9-41

~~Was not embalmed~~

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.....

John E. Myers

Licensed Embalmer No. *3220*

P. O. Address *St. Joseph - 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, fact should be so stated above.