

Registration District No. 887

Primary Registration District No. 6179

1. PLACE OF DEATH:

(a) County WASHINGTON  
(b) City or town MINERAL POINT  
(c) Name of hospital or institution: 13th Street Home  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON  
(c) City or town MINERAL POINT Mo. 0  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME HENRY BOYER

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race W.  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ROSE MARY BOYER  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased JUNE 22 1889

8. AGE: Years 52 Months 1 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace POTOSI Mo. 0

10. Usual occupation LABORER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name DANIEL BOYER  
13. Birthplace Mo. 0  
14. Maiden name MARY CARTER  
15. Birthplace Mo. 0

16. (a) Informant MRS. ROSE MARY BOYER

(b) Address MINERAL POINT Mo.

17. (a) BURIAL (b) Date thereof 8-8-41

(c) Place: burial or cremation POTOSI Mo.

18. (a) Signature of funeral director Boyer FUNERAL HOME

(b) Address POTOSI Mo.

19. (a) Aug 41 (b) G.T. Craswell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1941 hour 7 minute 5 P.M.

21. I hereby certify that I attended the deceased from JAN 1 1941 to Aug 5 1941; that I last saw him alive on July 10 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes  
Due to Pulmonary tuberculosis

Due to \_\_\_\_\_

Other conditions 13  
(include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G.T. Craswell (M. D. or other) \_\_\_\_\_  
Address Potosi Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*C. H. Bay N*

Licensed Embalmer No. *2158*

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**