

FILED JUN 22 1942
-10-2 109

Registration District No.

Primary Registration District No. 5138

Registrar's No. 173

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural, Cedartownship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7 1/2 miles S.E. of New Bloomfield, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 7 1/2 miles S.E. New Bloomfield, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Morgan Boyer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fannie Boyer

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 23 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Boyer

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Mary Moyer

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. H. Craighead

(b) Address New Bloomfield, Mo.

17. (a) Burial (b) Date thereof 5/26/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williams cemetery

18. (a) Signature of funeral director Ray A. Holt

(b) Address New Bloomfield, Mo.

19. (a) May 26-42 (b) Jessie Mraznikoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour 11 minute 15-9 M.

21. I hereby certify that I attended the deceased from May 1 1942 to May 25 1942
that I last saw him alive on April 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Suburban Heart Disease

Due to _____

Due to _____

Other conditions (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? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ Means of injury _____

23. Signature E. Mest (M. D. or other) _____

Address New Bloomfield Date signed 5/25 42

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

14
88

14
88

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Ray A. Holt

.....
Licensed Embalmer No. 2605

P. O. Address New Bloomfield, 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.