

FILED APR 14 1943

Registration District No. 72

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
213 East Linn St.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not  
(Specify whether  
In this community 37 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 213 East Linn St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 8

3. (a) PRINT FULL NAME Alice Edora Boyer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Boyer 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 3 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 0 12 hr. min.

9. Birthplace Andrew County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name James L. Vance  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan I. Flemming  
15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel L. Vance  
(b) Address 213 E. Linn St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3-23-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meischer  
(b) Address 13th. & Farson St. St. Joseph, Mo.

19. (a) 3-23-43 (b) Rose Stegoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th.  
year 1943 hour 4:50 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1935 to Mar 20 1943  
that I last saw her alive on March 19th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction  
Due to  
Due to

Other conditions Hypertension  
(include pregnancy within months of death)

Major findings: Of operations 93d  
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?

While at work? (Specify type of place) Means of injury  
23. Signature Leroi Beckwith, (M. D. or other)  
Address King Hill Mo Date signed 3/22/43

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

1255

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**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 *Geo E Daniel*.....

Licensed Embalmer No. 3300 Missouri.....

P. O. Address St. Joseph, Missouri.....

**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.**