

S. No. 2
M-9-4-41
5-17-39
X29284

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19338

State File No. _____

Registrar's No. 22

FILED JUN 7 1943

Registration District No. 369

Primary Registration District No. 6252

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

1. PLACE OF DEATH: WYVNE

(a) County WYVNE

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

(c) Name of hospital or institution: Mills Springs, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community 86 YEARS 9 MONTHS 10 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 111

(a) State MISSOURI (b) County WYVNE

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ALFRED BOYER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 20 year 1943 hour 12 minute PM

21. I hereby certify that I attended the deceased from Insurance in house to 19 19____ that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or face WHITE

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

6. (b) Name of husband or wife REBECCA F BOYER

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased JULY 11 1865
(Month) (Day) (Year)

Immediate cause of death Heart failure from
Monia and was very
thin, well cared for
due to old pneumonia
and senility

Due to _____

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>9</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace CARTER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARM

11. Industry or business FARMER

12. Name ALFRED BOYER

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

14. Maiden name UNKNOWN

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

16. (a) Informant LEONARD BOYER

(b) Address MILLS SPRING, MISSOURI

17. (a) BURIAL (b) Date thereof APR 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CARSON HIGH

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) May 19 - 1943 (b) Miss Lottie Mannis
(Data received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

108

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Piedmont Mo Date signed 5-10-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

50 110 3

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 643-2240
Date Filed 6-4-43

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Norman W. Gish
Licensed Embalmer No. 3387
P. O. Address Frederick Md

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.