

FILED OCT 17 1943

Registration District No. **163**

Primary Registration District No. **3801**

Registrar's No. **50**

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town De Soto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bayne Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson **0550**
(c) City or town De Soto Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME ANNAE BOYER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe Boyer 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept - 4 - 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 11 29 hr. _____ min.

9. Birthplace De Soto Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business own home

12. Name Jac Samsouil

13. Birthplace De Soto Mo
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Joe Boyer

(b) Address De Soto Mo

17. (a) Burial (b) Date thereof 9-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo

18. (a) Signature of funeral director Daniel G. Mahan

(b) Address De Soto Mo

19. (a) 9-10-43 (b) Fred Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1943 hour 2 minute 50 p.m.

21. I hereby certify that I attended the deceased from 9-20 to 9-2, 1943
that I last saw her alive on 9-2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death hypertension

Due to chronic nephritis **102ps**

Due to _____

Other conditions (include pregnancy within 3 months of death) **1316**

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____ (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) _____
(If means of injury)

23. Signature Geo E. Galit (M. D. or other) _____
Address De Soto Mo Date signed 9-3-43

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

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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 Daniel J. Mahan
Licensed Embalmer No. 3783
P. O. Address Leets, 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, above space should be left blank.