S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1944

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33793

State File No.

Primary Registration District No. 5143

Registrar's No. 354

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town RURAL Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 76 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BOTLER
(c) City or town RURAL Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 8 M. W. POPLAR BLUFF MO
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country O

3. (a) PRINT FULL NAME ROBERT JAMES BOYERS
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MAGGIE BOYERS
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased MAR (Month) 5 (Day) - 1865 (Year)

8. AGE: Years 79 Months 7 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) TENN (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name ORANVILLE BOYERS
13. Birthplace UNKNOWN (City, town, or county) O (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) O (State or foreign country)
16. (a) Informant Bert Boyers
(b) Address RFD 6 Poplar Bluff Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 5 1944 (Month) (Day) (Year)
(c) Place: burial or cremation BAY SPRINGS CEM.
18. (a) Signature of funeral director A. P. Phelps
(b) Address Poplar Bluff Mo
19. (a) 11-9-44 (Date received local registrar) (b) Belle Finne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 3 year 1944 hour 11 minute 57 A.M.
21. I hereby certify that I attended the deceased from Sept. 8, 1944 to Nov. 3, 1944 that I last saw him alive on Oct. 7, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis	Oct. 7
Due to Myocarditis	9-8-44
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations O	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury O
23. Signature [illegible] (M.D. or other)
Address Poplar Bluff Mo. Date signed 11/6/44

92 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1144-1529
Date Filed 11-13-44

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 N T Phelps

Licensed Embalmer No. 3231

P. O. Address Caplar Bluff 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.