. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38385

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 230

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Elvins Mo
(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 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois 94
(c) City or town Elvins Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. — /
(If rural, give location)
(e) Citizen of foreign country? — No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Pascal Antony Boyer
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 widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased April (Month) 13 (Day) 1856 (Year)

8. AGE: Years 89 Months 7 Days 9. If less than one day ____ hr. ____ min.

9. Birthplace Aldmines (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired farmer.
11. Industry or business ____
MOTHER FATHER
12. Name Jake Boyer
13. Birthplace Washington Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name Hanley Declue
15. Birthplace Washington Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Ephrain Boyer
(b) Address Elvins Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 45 (Month) (Day) (Year)
(c) Place: burial or cremation Aldmines Mo
18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Flat River Mo
19. (a) 11-26-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th year 1945 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from 6-25-, 1945 to 11-21-, 1945; that I last saw him alive on 11-5-, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial degeneration — Duration
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations PBC
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 ____

23. Signature W. D. Morris (M. D. or other) D.O.
Address Elvins, Mo. Date signed 11-24-45

(Licensed Embalmer's Statement on Reverse Side)

Registrar's Office No. 4
Registrar's File Number 1245-1439
Date Filed 12-10-45

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 Everett Sparks

Licensed Embalmer No. 4297-

P. O. Address Flat River 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.