

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

8398

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 35-

Registration District No. \_\_\_\_\_ Primary Registration District No. 3002

1. PLACE OF DEATH:  
(a) County Andrew  
(b) City or town Waver mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Andrew Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Montgomery  
(c) City or town Wellsville  
(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 GEORGE EDWARD BOYER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Ella May Boyer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 7 1862  
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 7 If less than one day \_\_\_\_\_ min.

9. Birthplace Freeport Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Jeweler (Retired)

11. Industry or business \_\_\_\_\_

12. Name John W. Boyer

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

14. Maiden name Suey G. Runlett

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

16. (a) Informant Blanche Keely

(b) Address Wellsville mo

17. (a) Burial (b) Date thereof Feb 17, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville mo

18. (a) Signature of funeral director J. D. Purline  
(b) Address Wellsville mo

19. (a) Feb 15 1946 (b) Blanche Keely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 15  
year 1946 hour 7 minute 10 P.M.  
21. I hereby certify that I attended the deceased from Feb 14, 1946 to Feb 15, 1946;  
that I last saw him alive on Feb 15, 1946;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Septicemia  
Due to Purulent corytis  
Due to Prostatitis & self instrumentation  
Other conditions Severely  
(Includes pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 358

Duration \_\_\_\_\_  
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 0  
23. Signature R. Williams (M. D. or other) M.D.  
Address Wellsville mo Date signed 2/15/46

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

4  
1  
2

173333

RECEIVED

District Health Officer No. 10

District File Number 3-46-473

Date Filed MAR 13 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.