

FILED DEC 17 1946

Registration District No. _____ Primary Registration District No. 3082 4252 Registrar's No. 122

1. PLACE OF DEATH

(a) County Johnson

(b) City or town Centerview, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none Stevensburg Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(Specify whether)

In this community 39 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Centerview
(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 Laura Jane Boyer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 6, year 1946, hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from 1943, 19____, to 12-6-46, 19____; that I last saw h. or alive on Dec 1-46, 19____; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased: June (Month) 17 (Day) 1872 (Year)

Immediate cause of death Chr. Myocarditis Duration 4 yrs.

8. AGE: Years 74 Months 5 Days 19 hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Taylor County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name John Van Camp

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

14. Maiden name Mary Baker

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Floyd Inle

(b) Address Centerview, Mo.

17. (a) Burial (b) Date thereof Dec 8, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director H. R. Newk

(b) Address Centerview, Mo.

19. (a) 2-7-46 (b) Laura Jane Boyer
(Date received local registrar) (Registrar's signature)

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 0

Signature A. F. M. Kinney (M.D. or other) MD

Address Wessensby Date signed 12-7-46

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

39914

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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 *E. B. Cant*
Licensed Embalmer No. 4059
P. O. Address. Hollen, 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.