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DEPARTMENT OF COMMERCE
DIVISION OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7903**
Registrar's No. **346**

Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Josephs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Day**
(Specify whether years, months or days)

In this community **1 day**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**

(c) City or town **"Rural" Liberty Township**
(If outside city or town limits, write "RURAL")

(d) Street No. **2 1/2 Miles West Gallatin, Mo.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Edward Sydney Boyer**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Widowed**

6. (c) Age of husband or wife if alive **Dec'd** years

7. Birth date of deceased **September 14 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64	5	23	hr. min.
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9. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **General Farming**

12. Name **Isaac Boyer**

13. Birthplace **Unknown**
(State or foreign country)

14. Maiden name **Emma Muck**

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

16. (a) Informant **Ralph Boyer**

(b) Address **Gallatin, Missouri**

17. (a) **Burial** (b) Date thereof **3-9-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brown Cemetery**

18. (a) Signature of funeral director **Hope Funeral Home**

(b) Address **Gallatin, Missouri**

19. (a) **3-13-47** (b) **H. B. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7**
year **1947** hour **10** minute **P.** M.

21. I hereby certify that I attended the deceased **for first time**
March 6, 1947 March 9 1947 19...
that I last saw him alive on **March 6** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **24 hrs**

Due to **Bullet wound of head**

Due to

Other conditions (Include pregnancy within 3 months of death) **1640**

Major findings: Of operations

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) **Suicide**

(b) Date of occurrence **6 March 47**

(c) Where did injury occur? **Rural Gallatin Davess Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
from home (Specify type of place)

While at work? **bullet wound** Means of injury

23. Signature **Edward Curran** (M. D. or other) **M.D.**
Address **Gallatin Mo.** Date signed **10 Mar 47**

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

1981 9T 207

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.....

C. M. Hoveman....., Registered Apprentice No. *450*
working under my personal supervision.

Signed *John Roy Stoney*
Licensed Embalmer No. *2438*
P. O. Address *St Joseph*

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.