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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38736

State File No. _____

FILED DEC 4 1947

Registration District No. _____

Primary Registration District No. 5594

Registrar's No. 37.

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

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution:
CEDAR HILL - Mo.
(If not in hospital or institution, write street number or location)

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

In this community 3 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County FRANKLIN 36

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. SULLIVAN - Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ROSE ELIZABETH BOYER

3. (b) If veteran, name war NONE

3. (c) Social Security No. 493-01-1463

4. Sex F 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: SEPT - 14 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>			hr. _____ min. _____

9. Birthplace WASHINGTON Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation SHOE WORKER

11. Industry or business International Shoe Co.

12. Name JOHN CARTER BOYER

13. Birthplace WASHINGTON Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name MARY E. STUART

15. Birthplace WASHINGTON Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. G. Wickens

(b) Address Cedar Hill Mo.

17. (a) BURIAL (b) Date thereof 11/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DIXIE R Mo.

18. (a) Signature of funeral director John A. Dummer

(b) Address Nov. 22

19. (a) Nov 22 (b) Phil J. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 20th
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 15th 1947
1947 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis
Arteriosclerosis

Due to _____

Due to _____

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

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) _____

(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 _____

23. Signature W. B. Edwards (M. D. or other)
Address Cedar Hill Date signed 11/21/47

(Licensed Embalmer's Statement on Reverse Side)

mo

RECEIVED
District Health Officer No. 9,
District File Number
Date Filled 12-3-47

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 *J. M. Brimmer*

Licensed Embalmer No. *1470*

P. O. Address *House Springs 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.