No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 181

FILED JAN 19 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 51

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: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 hours (Specify whether
In this community 30 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2518 Mulberry Street 7
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Anna Marie Boyer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George I. Boyer

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased May (Month) 20 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	77	7	20	hr. min.

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Henry H. Ahrens
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Wilhelmina Brunning
15. Birthplace Hanover (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Dan Hoffman

(b) Address 3002 Seneca St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 1-16-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 9, 1948, to Jan 10, 1948; that I last saw her alive on Jan 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocardial insufficiency	unknown.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 F

PHYSICIAN

Underline the cause of 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 Gustav Hahn (M. D. ~~or other~~) M. D.

Address 217 Kirkpatrick Building St. Joseph, Mo. Date signed Jan-12-1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. Elbert E. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.