No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 3 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 182

Primary Registration District No. 1000

Registrar's No. 100

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: Flanigan Nursing Home 4 2018 Francis Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 80 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 George Isaac Boyer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Anna Marie Boyer

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

7. Birth date of deceased About 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	?	?	hr. min.

9. Birthplace Easton, M (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired ?

11. Industry or business

FATHER
12. Name Monroe Boyer
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country) 1

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. 22, 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) 1-27-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3 x 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th year 1948 hour 4 minute 45 P. M.

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

	Duration
Immediate cause of death: Cerebral Thrombosis	1 day
Due to: arteriosclerosis	15 yrs
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

83 B

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 Charles H. Herner (D. or other)
Address 221 Kirkpatrick Bldg St Joseph Mo Date signed 1-21-1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Wilmer.

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 May E. Meyer, Registered Apprentice No. 49 working under my personal supervision.

Signed Albert R. Harrington

Licensed Embalmer No. 3258 Mo

P. O. Address St. Joseph, 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.