S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1948

Registration District No. 28

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6248

State File No. 11298

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: 2 miles S.E. of Richwoods
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 9 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Washington 110

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

(d) Street No. 2 miles S.E. of Richwoods
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Peter Sherman Boyer

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Ellen Boyer

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov. (Month) 1 (Day) 1878 (Year)

8. AGE: Years 69 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation unemployed

11. Industry or business

FATHER
12. Name Peter Boyer
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Tim Boyer
(b) Address Richwoods. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Richwoods, Mo

18. (a) Signature of funeral director Casey & Leroy
(b) Address St. Clair, Mo

19. (a) 3-29-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1948 hour 9 minute 8 M.

21. I hereby certify that I attended the deceased from 3-25-, 1948 to 3-28-, 1948 that I last saw him alive on 3-25-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Lft.

Due to Hypertensive cardio-vascular, renal disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Ed S. Wallace (M. D. or other
Address Potosi, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 448-446
Date Filed 4-6-48

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 R. M. Lenot

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.