

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35679

State File No.

Registration District No. 464

Primary Registration District No. 4277

Registrar's No. 39

NOV 2 6 1940

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Clissa mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: East Mason St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Clissa mo
(If outside city or town limits, write "RURAL")
(d) Street No. East Mason St. (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 30
year 1940 hour 7:00 minute 00 A-M.

21. I hereby certify that I attended the deceased from Oct 27 1940 to Oct 29 1940
that I last saw him alive on Oct 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Hypertension
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death) Hypertension

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Belle Boyar

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Dave Boyar 8. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 5 1964
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace: Quincy Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name William Richie

13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Egie E Hann

(b) Address Clissa mo

17. (a) Burial (b) Date thereof Nov-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation concord cem

18. (a) Signature of funeral director Blumenthal
(b) Address Clissa mo

19. (a) Oct. 30-40 (b) Wm E. M. Erdwin
(Date received local registrar) (Registrar's signature)

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? _____

416 _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 10/21/40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-18-40

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 Ben C. Blincoe

Licensed Embalmer No. 1836

P. O. Address _____

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, above space should be left blank.