

STANDARD CERTIFICATE OF DEATH

State File No. 4744

FILED FEB 18 1941

Registration District No. 887

Primary Registration District No. 1182

Registrar's No.

1. PLACE OF DEATH

(a) County WASHINGTON
(b) City or town OLD MINES MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Union Trust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington
(c) City or town Oldmines
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 16, year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 16 1941 to Jan 16 1941 that I last saw her alive on Jan 16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration _____

Due to Influenza

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? 800 _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Joseph L. Florman (M. D. or other) 0

*Address Patton, Mo. Date signed 1-17-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME

STASHIA BOYER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE

5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 27 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 19 If less than one day hr. _____ min.

9. Birthplace Oldmines, O. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Edmond Boyer

13. Birthplace Oldmines, O. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Charles Boyer

(b) Address Oldmines, Mo.

17. (a) Burial (b) Date thereof 1-18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oldmines, Mo.

18. (a) Signature of funeral director J. B. Boyer

(b) Address Patton, Mo.

19. (a) Jan 20-41 (b) G. F. Crosswell
(Date received local registrar) (Registrar's signature)

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TIME C 11

2 30 11 11 11 11

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.....

Licensed Embalmer No.....

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.