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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. **14644**

Registration District No. **328**

Primary Registration District No. **3017**

Registrar's No. \_\_\_\_\_

10  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GRUNDY

(b) City or town TRENTON

(c) Name of hospital or institution: 1300 SHANKLIN AVE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 54 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GRUNDY

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

(d) Street No. 1300 SHANKLIN AVE  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ELIZA J. BOYER

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 WILLIAM H. BOYER

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

7. Birth date of deceased Jan 11 1888  
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Union County - Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER

12. Name Calvin H. Custard

13. Birthplace Union County - Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET J. NARRIS

15. Birthplace Union County Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant W H Boyer

(b) Address Trenton, Mo.

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

(c) Place: burial or cremation St. J. Center Trenton, Mo.

18. (a) Signature of funeral director Davis Funeral Service

(b) Address Trenton, Missouri

19. (a) 2-16-41 (b) Gene D. Jarr  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16<sup>th</sup>  
year 1941 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Feb 15 1941 to Feb 16 1941  
that I last saw her alive on Feb 16 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis

Due to Influenza

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None

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? 300  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Gene D. Jarr (M. D. or other) \_\_\_\_\_  
Address Trenton Mo. Date signed 2/17/41

Duration 1 month

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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 Myself, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Raymond A. Williams  
Licensed Embalmer No. 3434

P. O. Address Trenton, N.J.

**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.**