S. No. 2
M—1-4-41
r. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1941

State File No. 17758

Registration District No. 294 Primary Registration District No. 5409B Registrar's No.

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

1. PLACE OF DEATH:
(a) County Franklin Central
(b) City or town St Clair Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Washington
(c) City or town Richwoods
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (~~Yes or~~ No)
If yes, name country /

3. (a) PRINT FULL NAME William Isaac Jacob Boyster
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Cobbe Boyster
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 28 (Day) 1809 (Year)

8. AGE: Years	Months	Days	If less than one day
82	3	28	hr. min.

9. Birthplace Richwoods (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Daniel Boyster
13. Birthplace Richwoods (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs L E Drake
(b) Address Charleston SC
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Richwoods Mo
18. (a) Signature of funeral director Casey & Lenox
(b) Address St Clair, Mo
19. (a) June 9, 1941 (Date received local registrar) (b) M. H. Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 26
year 1941 hour 9.C minute a M.
21. I hereby certify that I attended the deceased from 5-25 1941 to 5-26 1941
that I last saw him alive on 5-25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	1 week
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) 107	

Major findings:
Of operations
Of autopsy

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? 2107 (e) Means of injury
23. Signature W. H. Duckworth (M. D. or ~~other~~)
Address St. Clair Mo Date signed 5/26/41

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.