No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19312

Registration District No. 887 Primary Registration District No. 6182 Registrar's No.

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Tiff Missouri

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community 70 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington 110

(c) City or town Tiff 0

(If outside city or town limits write "RURAL")

(d) Street No. Rte 1

(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME CHARLES F. BOYER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug (Month) 2 (Day) 1864 (Year)

8. AGE: Years 76 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Cannon Mines (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Dick Boyer
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lou Boyer
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Gaston Boyer

(b) Address Tiff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 27-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Tiff

18. (a) Signature of funeral director Daniel J Mohn

(b) Address DeSoto Mo

19. (a) May 27 41 (Date received local registrar) (b) G. F. Cresarree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1941 hour 2 minute 00 P M.

21. I hereby certify that I attended the deceased from March, 1937, to May 25, 1941; that I last saw him alive on May 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arterio-sclerotic heart disease	years
Due to General arterio-sclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	

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? 800 (Specify type of place)

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

23. Signature Noel V. McKinstry (M. D. ~~or other~~) 0

Address DeSoto, 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 Daniel J. Mahn, Registered Apprentice No. ..... working under my personal supervision.

Signed Daniel J. Mahn

Licensed Embalmer No. 3783

P. O. Address Dexter, Me

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.