

FILED JUN 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH19652 ~~17355~~  
State File No.Registration District No. 89Primary Registration District No. 3007Registrar's No. 211

## 1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Caplan Bluff  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Caplan Bluff M. Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 In this community Transient (Specify whether years, months or days)

## 3. (a) PRINT FULL NAME

Eliza Boyer3. (b) If veteran, name war 

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased May 4 1922  
(Month) (Day) (Year)8. AGE: Years 18 Months 0 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Butler County Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Charles Boyer13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)14. Maiden name Anna Jett15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)16. (a) Informant Charles Boyer(b) Address Butler Co. Mo.17. (a) Removal 5/20/41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Butler County18. (a) Signature of funeral director Frank Smith Co.(b) Address Caplan Bluff, Mo.19. (a) 5/19/41 (b) Nate Lutz  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Butler Co.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1941 hour 1 minute 30 M.21. I hereby certify that I attended the deceased from May 15, 1941, to May 18, 1941; that I last saw her alive on May 18, 1941; and that death occurred on the date and hour stated above.Immediate cause of death Pelvic + General peritonitis  
Due to Pelvic abscess 

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Pelvis + abdomen full of pus  
Of autopsy none22. 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? 88  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_23. Signature Thos. Hanchman (M. D. or other) 1  
Address Butler Bluff, Mo. Date signed 5-18-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12/1/41

RECEIVED

1855 A. 10

District Health Officer No. \_\_\_\_\_

District File Number 641-73

Date Filed 6/6/41

**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, \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Lynwood A. Spink

Licensed Embalmer No. 4013

P. O. Address Bayan Bluff, Va

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1965-2

Registration District No. 89

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(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 Eliza Boyer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: month May day 18  
year 1991 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race W

6. (a) Single, widowed, divorced, married 8

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Immediate cause of death Pelvic & General Peritonitis DuBois

8. AGE: Years 18 Months 0 Days 14  
If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

Due to... Pelvic abscess - no Due to salpingitis - no Puerperal abscess n.m.d.

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

Other conditions Pelvic abscess  
(Include pregnancy within 3 months of death)

10. Usual occupation \_\_\_\_\_

Major findings: full of pus

11. Industry or business \_\_\_\_\_

Of operations \_\_\_\_\_

12. Name \_\_\_\_\_

Of autopsy \_\_\_\_\_

13. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J.M. Hume (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTAL

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

MOTHER FATHER

19652