

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24788**

Registration District No. **144**

Primary Registration District No. **5207**

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

18  
0  
0

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

**1. PLACE OF DEATH:**  
 (a) County Carter  
 (b) City or town Ellsinore Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5 mi. north Ellsinore  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 1 Life (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Amanda Boyer  
**8. (b) If veteran,** name war \_\_\_\_\_ **8. (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** James **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Aug. 12, 1878  
 (Month) (Day) (Year)

**8. AGE:** Years 62 Months 10 Days 20  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Carter County (City, town, or county) (State or foreign country)

**10. Usual occupation** House wife

**11. Industry or business** Home

**MOTHER FATHER**  
**12. Name** Jasper Condray  
**13. Birthplace** Unknown (City, town, or county) (State or foreign country)  
**14. Maiden name** Unknown  
**16. Birthplace** Unknown (City, town, or county) (State or foreign country)

**16. (a) Informant** Lee Boyer  
**(b) Address** Ellsinore

**17. (a)** Burial (Burial, cremation, or removal) **(b) Date thereof** July 3, 1941  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation** Carson Hill

**18. (a) Signature of funeral director** Greer Croy Service

**(b) Address** Poplar Bluff, Mo.

**19. (a)** July 8-41 **(b)** Pearl Brooks  
 (Date received at local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Carter  
 (c) City or town Ellsinore Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month July day 2  
 year 1941 hour 2 minute 30 a.m.

**21. I hereby certify that I attended the deceased from** Jan 2, 1941, to July 2, 1941;  
 that I last saw her alive on June 17, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Degeneration of heart & pancreas & blood  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Metastasis to his stomach  
 (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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** J. M. Hancher (M. D. or other) \_\_\_\_\_  
**Address** Poplar Bluff, Mo. **Date signed** 7-2-41

RECEIVED  
District Health Officer No. 5.  
District File Number 7411798  
to Filed

**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 Wallace N. Fitch  
Licensed Embalmer No. 3859  
P. O. Address Poplar Bluff, Mo

**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.**