DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26893

State File No.

Rec'd SEP 15 1942

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County 18 Carter

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

(c) Name of hospital or institution: 0

(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: 18

(a) State Mo (b) County Carter 0

(c) City or town 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.? 0 years.

3. (a) PRINT FULL NAME Thomas Jefferson Boyer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, / divorced MARRIED

6. (b) Name of husband or wife Minerva Jane | 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased Oct (Month) 18 (Day) 1853 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1942 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 21, 1942 to June 25, 1942 that I last saw him alive on June 21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Carcinoma of Stomach	Some years
Due to	
Other conditions (Include pregnancy within 3 months of death) H6	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years	88
Months	8
Days	7
If less than one day ____ hr. ____ min.	

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

10. Usual occupation Farmer

11. Industry or business _____

FATHER
12. Name Alfred Boyer
13. Birthplace North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Vina Collett
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John F. Boyer
(b) Address Ellsinore Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Carson Hill

18. (a) Signature of funeral director Phil A Teuchel
(b) Address Van Buren Mo.

19. (a) June 26 1942 (Date received local registrar) (b) Mrs A. J. Smith (Registrar's signature)

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 T. N. Collop (M. D. or other)
Address Van Buren Date signed 6-27-

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 x 19311

RECEIVED
District Health Officer No. 5,
District File Number 94285
Date Filed 9-14-42

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~~ b-25-4

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Philip A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.