S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28468

FILED SEP 1 1942

Registration District No. 8926

Primary Registration District No. 6282

Registrar's No.

14
0
0

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Rural - Clark Twp.
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Clark Twp - Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Fay Vern Boyer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased June (Month) 11 (Day) 1914 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	2	9	..... hr. ..... min.

9. Birthplace Mansfield (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business None

FATHER
12. Name Lee Pope
13. Birthplace Mansfield (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Lavinia McIntosh
15. Birthplace Mansfield (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Thomas Boyer
(b) Address Macomb Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21-42 (Month) (Day) (Year)
(c) Place: burial or cremation McIntosh Cem.

18. (a) Signature of funeral director F.A. Stiffe
(b) Address Mansfield Mo.

19. (a) Sept 3-1942 (Date received local registrar) (b) Mrs Charles Cramer (Registrar's signature)

1064

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1942 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 10 1942 to Aug 20 1942
that I last saw her alive on Aug 19 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Abscess in brain	Two weeks
Due to Abscess in lungs	two years
Due to Bronchial & lobar pneumonia	1939
Other conditions (Include pregnancy within 3 months of death) Hemoplegia in left side	
Major findings: Of operations	
Of autopsy 108	

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? ..... (e) Means of injury 2

23. Signature F.E. Worthey DO (~~M.D. or other~~)
Address Hartville Mo Date signed 8-22-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 942-1328
Date Filed SEP 8 1942

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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, fact should be so stated above.