

FILED OCT 9 1942

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

40
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution:
1712 Chicago St. / Trenton, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
55 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

(c) City or town Trenton
(If outside city or town limits, write "RURAL")

(d) Street No. 22nd & Baltimore
(If rural, give location)

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

3. (a) PRINT FULL NAME Richard McNight Boyer

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14th year 1942 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1941 to Sept 14th 1942 and that death occurred on the date and hour stated above.

that I last saw him alive on Sept 10th 1942

4. Sex MO 5. Color or race W 6. (a) ~~Single~~ Married 6. (b) Married

6. (b) Name of husband or wife Ida Miller Boyer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 4 1860
(Month) (Day) (Year)

Immediate cause of death Chr. Myocarditis

Due to do but knew

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

8. AGE: Years 82 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Waller (Pass Co) Ohio
(City, town, or county) (State or foreign country)

92d

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation Roadwork Car repairman

11. Industry or business.....

MOTHER FATHER

12. Name Geo Boyer

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Dunbar

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Kay Thomas

(b) Address 1712 Chicago St

17. (a) Burial (b) Date thereof Sept 16 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mausoleum, Trenton

18. (a) Signature of funeral director Doris Ameral Serive

(b) Address Trenton Missouri

19. (a) Sept 16, 1942 (b) Fata Hoffman
(Date received local registrar) (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.....

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) (Means of injury)

23. Signature Oliver P. Duffy (M. D. or other) M.D.
Address Trenton Mo Date signed Sept 15th 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. *Myself*

Signed..... *Robert B. Davis*.....
Licensed Embalmer No..... *4219*.....
P. O. Address..... *Trenton, 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.