V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

Registration District No. 274

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31023

State File No.

Primary Registration District No. 3052

Registrar's No. 315

1. PLACE OF DEATH

(a) County Pettis

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

(c) Name of hospital or institution: Street 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 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis Co. 80 6 4

(c) City or town Sedalia Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 236 South Moniteau
(If rural, give location)

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

3. (a) PRINT FULL NAME Adelaide Boyer

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Fe

5. Color or race wh

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife Sam A. Boyer

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

7. Birth date of deceased Aug (Month) 4 (Day) 1872 (Year)

8. AGE: Years 70 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Dr. L. L. Wakefield
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant L. Trent Boyer
(b) Address 5607 Nall Mission Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Eylar
(b) Address Kansas City Mo

19. (a) 9/6/42 (Date received local registrar) (b) Mrs Anna Burger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5
year 1942 hour 7 minute 10 P M.

21. I hereby certify that I ~~attended~~ viewed body of the deceased from 9=5 1942, to , 19 ;
that I last saw h — alive on — , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fell while making on Smrt in Sedalia and died instantly Evidently due to heart disease probably Coronary occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 94a

Major findings:
Of operations
Of autopsy ✓

Duration

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 —

23. Signature N T Bishop Coroner (M. D. or other)
Address Sedalia 3 Date signed 9=6=42

1622 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-7-42

1872

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 Robert H. Reed

Licensed Embalmer No. 3345

P. O. Address Sedalia 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.