

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14220

State File No.

FILED MAY 11 1943

Registration District No. 3

Primary Registration District No. 5431

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town ST. CLAIR MO RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Primitiv
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 65 years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town St. Clair mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sarah Ann Boyse

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

3. (c) Social Security _____ No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day twentyth year 1943 hour eight minute thirty A.M.

21. I hereby certify that I attended the deceased from Sept 27th 1940 to April 12th 1943

that I last saw her alive on March 28, 1943 and that death occurred on the date and hour stated above

Immediate cause of death Endomyo Carditis Duration 3 yrs.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married Divorced Widowed

6. (b) Name of husband or wife Wm Raleigh Boyse 6. (c) Age of husband or wife if alive 3 years (Month) (Day) (Year)

7. Birth date of deceased May 3 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Henry Foley

12. Name Henry Foley

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Bertha Montgomery

(b) Address St Clair mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-43
(Month) (Day) (Year)

(c) Place: burial or cremation Virginia Mings Cem.

18. (a) Signature of funeral director Cady & Sons

(b) Address St. Clair Missouri

19. (a) 4/14/1943 (Date received local registrar) (b) P. J. King M. (Registrar's signature)

Due to 92 e

Due to _____

Other conditions Progressive Muscular Atrophy + Paralysis.
(Include pregnancy within 6 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury F

23. Signature C. F. Buegler M.D. (M. D. of other) _____

Address St. Clair, Mo. Date signed Apr 13/43

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

36

36

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1120

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.....

Geo. L. Shuler

Licensed Embalmer No.....

3000

P. O. Address.....

Pacific 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.