

V. S. No. 2
M-11-10-39
R-5-39
I X2142

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 47

Registration District No. 19268

Primary Registration District No. 6247

110
00

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

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Sullivan, Mo. Rural

(c) Name of hospital or institution: Indiana Sun

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0

In this community 54 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY ELLEN BOYER

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

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased October 3, 1863

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>6</u>		hr. min.

9. Birthplace Jefferson County Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name James Studdard

13. Birthplace Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Baby Pruett

15. Birthplace Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant E. C. Turnbull

(b) Address Sullivan, Missouri

17. (a) Burial (b) Date thereof _____

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri

18. (a) Signature of funeral director Phoebus Stoppa

(b) Address Sullivan, Missouri

19. (a) 4-10-43 (b) E. B. Larned

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Sullivan, 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1943 hour 11 minute _____ A. M.

21. I hereby certify that I attended the deceased from 3/11/41 to 4/28/42, 19____, that I last saw her alive on 4/28/42, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration 1929

Due to _____

Due to _____

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

930

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) (If means of injury)

23. Signature Phoebus Stoppa or other _____

Address Sullivan, Mo. Date signed 4/5/43

RECEIVED

District Health Officer No. 4
District File Number 543-2115
Date Filed 5-5-43

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 Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan - 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.