

FILED JUN 23 1943

Registration District No. _____

Primary Registration District No. **3003**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County **Barry**

(b) City or town **Monett**

(c) Name of hospital or institution: **none**

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

(d) Length of stay: In hospital or institution **none**

In this community **all her life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**

(c) City or town **Monett**

(d) Street No. **603 - 2nd St**

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

If yes, name country **none**

3. (a) PRINT FULL NAME **Lula Ann Boyer**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5th** year **1943** hour **2** minute **0** P.M.

21. I hereby certify that I attended the deceased from **April 25**, 19**43**, to **May 5**, 19**43** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Rex Boyer**

6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **March 20 1907**

Immediate cause of death **Dysentery**

Duration **4 or 5 months**

8. AGE:	Years	Months	Days	If less than one day
	36	1	15	hr. min.

Due to **dehydrated malignancy of bowel but not confirmed**

9. Birthplace **Lawrence County Missouri**

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Charlie C. Conway**

13. Birthplace **Missouri**

14. Maiden name **Frona Hadley**

15. Birthplace **Kentucky**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **No Tuberculosis in no Septicemia.**

Of autopsy **None**

PHYSICIAN **468**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Rex Boyer**

(b) Address **603 - 2nd St, Monett Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-6-1943**

(c) Place: burial or cremation **Spring River Cemetery**

18. (a) Signature of funeral director **Callaway**

(b) Address **Monett - Mo**

19. (a) **May 6 1943** (Date received local registrar) (b) **Audna M. Loughrey** (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 _____

(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) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____

Address **Monett Mo** Date signed **5-6-43**

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

5
2
1

RECEIVED

District Health Officer No. 6,

District File Number 643-694

Date Filed JUN 21 1943

JUN 29 1943

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 J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.