

JUL 13 1948

Registration District No. 154

Primary Registration District No. 5575

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural  
(c) Name of hospital or institution: HC Southern RR 1/2 mi E 1871 Highway  
(d) Length of stay: In hospital or institution 10 days  
In this community 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Selalia  
(d) Street No. 721 East 4th + 2514 East Broadway  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

3. (a) PRINT FULL NAME

Lyman Boyer

3. (b) If veteran

World War II

(c) Social Security

No. 702-148989

4. Sex

M

5. Color or race

W

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

6. (b) Name of husband or wife

Sarah Boyer

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased

Sept. 3 - 1904

8. AGE:

Years 38 Months 9 Days 24

9. Birthplace

Piedmont Mo

10. Usual occupation

Rail Road Work

11. Industry or business

HC Southern Extra good

12. Name

unknown

13. Birthplace

Mo

14. Maiden name

unknown

15. Birthplace

Mo

16. (a) Informant

Sarah Boyer

(b) Address

721 East 4th Selalia Mo

17. (a)

Burial (b) Date thereof 7-2-48

(c) Place: burial or cremation

Leas Summit Mo

18. (a) Signature of funeral director

W. R. Langford

(b) Address

Leas Summit Mo

19. (a)

7/5/48 (Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21  
year 43 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Mangling of body  
Due to: Richard Hornsman

Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: See above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify): Accident  
(b) Date of occurrence: 6/27/43  
(c) Where did injury occur: Under the car  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Richard Hornsman  
While at work? No (Specify type of place) \_\_\_\_\_  
(e) Means of injury: Run over

23. Signature: W. R. Langford  
Address: \_\_\_\_\_  
Date signed: 6/29/48

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

SEP 1 1948

AUG 1 1948

JUN 1 1948

**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. B. Langford*.....  
Licensed Embalmer No..... *3833*.....  
P. O. Address..... *Lee's Summit*.....

**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.