

V. S. No. 2
M-4-13-40
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4778

Registration District No. 366

Primary Registration District No. 4536

Registrar's No. 1

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

10-0

1. PLACE OF DEATH: WASHINGTON
 (a) County WASHINGTON
 (b) City or town POTOSI
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community 20 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County WASHINGTON
 (c) City or town POTOSI
 (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.

3. (a) PRINT FULL NAME PEARL S. (KELLY) BOYER

3. (b) If veteran, name war
 3. (c) Social Security No. 498-10-9919

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, divorced, MARRIED

6. (b) Name of husband or wife WALTER H. BOYER 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased JUNE 29 1893
 (Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 2 If less than one day
 hr. min.

9. Birthplace ALTON MO. D
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER { 12. Name ANDERSON BATES

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

14. Maiden name NANCY B. BURGE

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

16. (a) Informant JULIANE SIMMS
 (b) Address FESTUS MO.

17. (a) BURIAL (b) Date thereof 1-3-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation COUCH MO.

18. (a) Signature of funeral director BOYER FUNERAL HOME.
 (b) Address POTOSI, MO.

19. (a) 1-2-1944 (b) Joseph L. Thurman.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 1
 year 1944 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from OCT. 1
 1943 to 1-1 1944
 that I last saw her alive on 12-29 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Pneumonia

Due to Miliary Tuberculosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 fl
 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?

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

23. Signature Dr. Maxwell (M. D. on 1-2-44)
 Address Potosi Mo. Date signed

806 (Licensed Embalmer's Statement on Reverse Side)

FEB 16 1944

RECEIVED

District Health Officer No. 4
District File Number 244-2436
Date Filed 2-12-44

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

C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address OTOSI 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.