S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12421

Registration District No. 366 Primary Registration District No. 6244 Registrar's No. 15

110
0
0

1. PLACE OF DEATH:

(a) County Washington County Twp
(b) City or town Cadet RR#1 Union
(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 ..... (Specify whether years, months or days)
In this community life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Cannon Mines
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Lucy Boyer
3. (b) If veteran, name war ..... 3. (c) Social Security No. None
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 5 (Month) 31 (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
78	78	10		..... hr. ..... min.

9. Birthplace Washington County Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation General House Work
11. Industry or business .....
FATHER
12. Name Moses Boyer
13. Birthplace Washington Co. Missouri 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosie Boyer
15. Birthplace Washington Co. Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Carrick Boyer
(b) Address Cadet. RR#1 Missouria
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines Missouria Catholic Cemetery
18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi Mo
19. (a) 3-24-1944 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22 year 1944 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from 3-4, 1944 to 3-22, 1944 that I last saw her alive on 3-4, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Hypertension	
Due to Artio-sclerosis	
Other conditions (Include pregnancy within 3 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Joseph L. Thurman (M. D. or other)
Address Potosi, Mo. Date signed 3/24-44

806

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 444-3725

Date Filed 4-13-44

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. Bayer

Licensed Embalmer No. 4158

P. O. Address Potosi 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.