

FILED AUG 11 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24529

State File No.

Registration District No. 99

Primary Registration District No. 5372

Registrar's No. 220

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Weatherby (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Adams 7th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo (Specify whether years, months or days)
In this community 5 mo

3. (a) PRINT FULL NAME ISAAC Boyer

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MINNIE Boyer 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased FEBRUARY 7, 1870 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Daviess County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name FREDER Boyer
13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Does NOT know
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant MINNIE Boyer

(b) Address Weatherby

17. (a) Removal (b) Date thereof 7-24-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Daviess Co. Muddy Creek

18. (a) Signature of funeral director Ralph Stroup

(b) Address Winston Mo.

19. (a) 7-31-44 (b) John Clark (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb 32
(c) City or town Weatherby, (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1944 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6-30 1944 to 7-22 1944 that I last saw him alive on 7-22 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 12 hrs.

Due to Myocarditis 5 wks.
Due to Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9321 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) (Means of injury)
23. Signature Ralph Stroup (M. D. or other) —
Address Winston Mo. Date signed 7-22-44

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 _____

Licensed Embalmer No. 1180

P. O. Address Cammon M

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.