

V. S. No. 2  
DOM-8-13  
Rev. 5-17-39  
X37823

FILED OCT 13 1944  
Registration District No. 380

Primary Registration District No. 4535

State File No. \_\_\_\_\_  
Registrar's No. 501

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

1. PLACE OF DEATH:

(a) County WASHINGTON

(b) City or town MINERAL POINT, MO  
(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 (Specify whether  
In this community LIFE (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON

(c) City or town MINERAL POINT MO 110  
(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 0

3. (a) PRINT EDWARD BOYER  
FULL NAME EDWARD

3. (b) If veteran, name war NO

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 27  
year 1944 hour 11 7 minute 45 P.M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife HAZEL BOYER

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 8 19 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July, 1944, to Sept 27, 1944  
that I last saw him alive on Sept 25, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

62 1 8 hr. 0 min.

Immediate cause of death bronchial pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace OLD MINES MO  
(City, town, or county) (State or foreign country)

Other conditions 101  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation ORE WEIGHER

11. Industry or business POINT MILLING CO

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? \_\_\_\_\_

MOTHER FATHER { 12. Name JULES BOYER

{ 13. Birthplace OLD MINES MO  
(City, town, or county) (State or foreign country)

{ 14. Maiden name SUSIE LORE

{ 15. Birthplace WASHINGTON COUNTY MO  
(City, town, or county) (State or foreign country)

16. (a) Informant MARVIN BOYER

(b) Address MINERAL POINT, MO

23. Signature J. L. Curran (M. D. or other) 0/2/44

Address Palari, Mo. Date signed \_\_\_\_\_

17. (a) BURIAL (b) Date thereof 9 29 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation new MASONIC CEMETERY

18. (a) Signature of funeral director BOYER FUNERAL HOME

(b) Address POTOSI, MO

19. (a) 9-28-1944 (b) Joseph L. Curran  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 4

District File Number 1044-4459

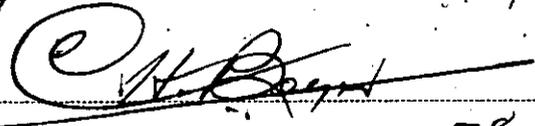
Date Filed 10-11-44

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

Mary M Smith, Registered Apprentice No. 359  
working under my personal supervision.

Signed



Licensed Embalmer No. 4158

P. O. Address TOTOSI 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.