

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4382**

**FILED** JAN 21 1946  
Registration District No. 366

Primary Registration District No. 6244

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County WASHINGTON  
(b) City or town OLD MINES, (UNION)  
(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 \_\_\_\_\_  
In this community 84-11-29- years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County WASHINGTON  
(c) City or town OLD MINES  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME FROZINE Boyer  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 26 of year 1945 hour 2 50 minute A M.  
21. I hereby certify that I attended the deceased from Dec. 20, 1945, to Dec. 26, 1945.  
that I last saw her alive on Dec. 20 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Jos. X Boyer  
6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased 14 27 1860  
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia  
Influenza  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 33K

8. AGE: Years Months Days If less than one day  
84 11 29 hr. min.  
9. Birthplace OLD MINES MO  
(City, town, or county) (State or foreign country)  
10. Usual occupation MINER

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name # CHAS. JOLLEY  
13. Birthplace WASHINGTON MO  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant THOS. P Boyer  
(b) Address CADET MO. RI  
17. (a) BURIAL (b) Date thereof 12-28  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation OLD MINES MO  
18. (a) Signature of funeral director Boyer Funeral Home  
(b) Address Potosi Mo.  
19. (a) Jan 1-46 (b) Mrs G.F. Cresswell  
(Date received local registrar) (Registrar's signature)

23. Signature Joseph L. Pevrna (M, D, or other)  
Address Potosi, Mo. Date signed 12-27-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
100927

RECEIVED

District Health Officer No. 4  
District File Number 146-160.0  
Date Filed 1-18-46

**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 Mary M. Smith  
Licensed Embalmer No. 4394  
P. O. Address Pataskia, 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.**