

FILED AUG 23 1946

Registration District No. 361

Primary Registration District No. 6226

Registrar's No.

1. PLACE OF DEATH

(a) County Vernon

(b) City or town Rural - Cole township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ward #1 Mt Scott Kansas
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 61 years
(Specify whether years, months or days)

In this community 61 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No Cole township Vernon Co. Mo. Ward #1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Emelia Boyer

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1946 hour 2 minute 30 PM

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Boyer deceased 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased May 21 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Did not attend until death 19...; that I last saw him on Aug 13 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 2 Days 22 If less than one day hr. 0 min. 0

Immediate cause of death Chronic myocarditis

Due to Senility

Due to

9. Birthplace None Germany
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 72d

Of autopsy

MOTHER FATHER

11. Industry or business Dum House

12. Name Gotlieb Clark

13. Birthplace None Germany
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Pahlow

15. Birthplace None Germany
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant James E. Clark

(b) Address Mt Scott Kansas Ward #1

17. (a) Burial (b) Date thereof Aug 15 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerfield Mo. Cemetery

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Ed Cheney

(b) Address Mt Scott Kansas

19. (a) Aug 18 46 (b) Bestha Single
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury

23. Signature L. P. Cooper (M. D. or other) Physician

Address Ward #1 Kansas Date signed Aug 16 46

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

8

28

7-46-868
8-21-46

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..... *O. W. Cheney*
Licensed Embalmer No..... *2613*
P. O. Address..... *717 South Kansas*

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.