

S. No. 2
—12-45
5-17-39
P 1 X47070

FILED DEC 30 1946

Registration District No. 44

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wells Nursing Home 2305 Frederick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 16 days
(Specify whether years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2515 Jules
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Franklin Boyer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Tillie Boyer deceased 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased 11 - 15 - 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 67 1 2 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Men's wear

12. Name Geo Peter Boyer
13. Birthplace Clinton Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Martha Gregory
15. Birthplace De Kalb Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Jess Boyer

(b) Address San Antonio, Mo.

17. (a) Burial (b) Date thereof 12/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hemple, Mo.

18. (a) Signature of funeral director Walter B. Gale & Bowman

(b) Address St. Joseph, Mo.

19. (a) 12-23-46 (b) W. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 15 '45 to 12-17-46, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia, right side 3 yrs ago; Left side 2 yrs ago
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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? 2 (Specify type of place) (e) Means of injury _____

23. Signature Dr. Lawrence M. Falk Date signed 12/17/46
Address 822 Edmond St. St. Joseph, Mo.

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

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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..... *Eugen Wood*
Licensed Embalmer No. *3804*
P. O. Address *319 5010th St Joseph, 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.