

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9724

State File No. _____

FILED APR 1 1947

Registration District No. 160

Primary Registration District No. 20-80 5592

Registrar's No. 17

1. PLACE OF DEATH

(a) County Jefferson

(b) City or town Bluff city
(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 _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson ⁵⁰

(c) City or town Bluff city ⁰
(If outside the city or town limits, write "RURAL") ⁰

(d) Street No. _____
(If rural, give location) ⁰

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Joanne Boyer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st
year 1947 hour 7⁰⁰ minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the _____ date and hour stated above.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Nov 23 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>2</u>	<u>28</u>	_____ hr. _____ min.

Immediate cause of death By accidental burning due to an explosion of a coal container ⁹

Due to Coal Oil (The above is coroners jury verdict)

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Jabian Boyer ⁰

13. Birthplace Laola Mo
(City, town, or county) (State or foreign country)

14. Maiden name Werna Jean Waters

15. Birthplace York Maryland Calo. ¹
(City, town, or county) (State or foreign country)

16. (a) Informant Jabian Boyer

(b) Address 2 east mo

17. (a) burial (b) Date thereof 2-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Capital city mo

18. (a) Signature of funeral director 2 east mo

(b) Address _____

19. (a) April 1, 1947 (b) Clare Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

18 15

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) Accident ⁵⁰

(b) Date of occurrence 2/21/47

(c) Where did injury occur? Bluff City Mo. near Fraters
(City or town) (County) (State) ^{mo}

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place)

(e) Means of injury Explosion

23. Signature T. B. Edwards (M. D. or other) ^{Coroner}

Address 608 Dor Hill mo Date signed 2/21/47

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/31/47

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 Eleanora Province
Licensed Embalmer No. 3403
P. O. Address Status 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.