No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28583

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(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 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5th and Olive 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Tillie Given Boyer

3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Boyer
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 10th, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	4	26	hr. min.

9. Birthplace Dent County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name William Holt
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Elizabeth Johnson
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Leo Given
(b) Address Rolla, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8th, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Missouri
18. (a) Signature of funeral director Smith-Hollow [signature]
(b) Address Rolla, Missouri
19. (a) 8-7-47 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th
year 1947 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 4-30-47, 19__, to 8-6-47, 19__;
that I last saw her alive on 8-5-47, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Collapse due to Myocardial Failure — Duration 24 hrs
Due to Carcinoma of Mediastinum — 1 year
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 47F
Of autopsy

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? 2
(Specify type of place)
While at work (e) Means of injury

23. Signature [signature] (M. D. or other) DO
Address Rolla Mo Date signed 8/6/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3643

P.O. Address Rolla, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.