FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30155

Registration District No. 366 — Primary Registration District No. 6244 — Registrar's No.

1. PLACE OF DEATH:
(a) County WASHINGTON
(b) City or town RR1 CADET Mo (Union)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 71 - 5 - 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County WASHINGTON 110 0
(c) City or town CADET - Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. RR1 —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK R. Boyer
3. (b) If veteran, name war No
3. (c) Social Security No. 0

4. Sex M D
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNIE Boyer
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 4 (Month) 11 (Day) 1876 (Year)

8. AGE: Years 71 Months 5 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace OLDMINES (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business ~~[illegible]~~
FATHER
12. Name Luchin Boyer
13. Birthplace Oldmines (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Mary Coleman
15. Birthplace Oldmines (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Louise Boursaw
(b) Address Cadet Mo R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oldmines Mo
18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Totosi Mo
19. (a) Sept 14 47 (Date received local registrar) (b) Mrs G F Cresswell (Registrar's signature) 337

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11 year 1947 hour 5 minute 15 P. M.
21. I hereby certify that I attended the deceased from Sept 1 1947 to Sept 12 1947 that I last saw him alive on Sept 8 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Left side brain	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 83H

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature G F Cresswell MD (M. D. or other) 9/12/47
Address Potosi Mo. Date signed 9/12/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....

P. O. Address.....

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

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