

S. No. 2  
DM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30157

Registration District No. 367

Primary Registration District No. 4547

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph T Boyer

3. (b) If veteran, name war: World War 1

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14  
year 1947 hour 10 minute 20 PM

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bertha Boyer

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 7 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-10 1947 to 8-14 1947  
that I last saw him alive on 8-14 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

55	6	7	hr. min.
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Immediate cause of death Coronary atherosclerosis

9. Birthplace Cannon Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farmer

11. Industry or business None

12. Name Marcus Boyer

13. Birthplace unknown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Lee Boyer

15. Birthplace Cannon Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations 94A

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha L. Boyer

(b) Address Irondale, Missouri

17. (a) burial (b) Date thereof Aug 16 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia

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? \_\_\_\_\_

18. (a) Signature of funeral director Bert L. Boyer

(b) Address Leadwood Mo.

19. (a) Aug 16, 1947 (b) Jessie Eichenberger  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature J. P. Yeagrum (M. D. or other) \_\_\_\_\_  
Address Irondale, Mo. Date signed 8-14-47

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

MOTHER FATHER

FEB 10 1955

FEB 14 1955

MAR 24 1947

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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 Bert L Boyer  
Licensed Embalmer No. 3445  
P. O. Address Leadwood 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.**