

FILED FEB 16 1948

Registration District No. 322

Primary Registration District No. 6275

Registrar's No. 32

## 1. PLACE OF DEATH:

(a) County St. Francois  
 (b) City or town Farmington RURAL St. Francois  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Missouri State Hospital No. 4 9  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 month 10 das.  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARTHEUS 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 Margaret Lee Boyer 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased November 12, 1858  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	2	10	hr. min.

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

10. Usual occupation Miner (tuff and lead).

## 11. Industry or business.

12. Name Thomas Boyer  
 13. Birthplace Washington County, Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sophia Philliman  
 15. Birthplace Washington County, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4  
 (b) Address Farmington, Missouri

17. (a) BURIAL (b) Date thereof 1-25-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old mine Mt. Boyer Funeral Home

18. (a) Signature of funeral director Boyer Funeral Home  
 (b) Address Poloss 770

19. (a) 2-3-48 (b) Ether Rudloff  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110  
 (c) City or town Cadet  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route 1, Box 145  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22  
 year 1948 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec. 27, 1947, 19 to January 22, 1948, 19  
 that I last saw him alive on January 22, 1948, 19  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to.....

Due to.....

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause of death which 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)

(e) Means of injury.....

23. Signature Guy H. Reeves (M. D. or other) MD  
 Address Farmington, Mo. Date signed 2-2-48

RECEIVED

State Health Officer No. 4  
Date 2-12-48  
No. 248-193

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.....

Howard C. Higgins of Cham

Registered Apprentice No. 53

working under my personal supervision.

Signed

Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.