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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

4486

State File No.

Registrar's No. 188

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 87 days
In this community: 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield, Mo. 7
(If outside city or town limits, write "RURAL")
(d) Street No.: 1425 1/2 So. Jefferson 6
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: Bertha Boyer
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced 3
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October 19, 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	4	8	hr. min.

9. Birthplace: Fordland, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation: housework
11. Industry or business: none
FATHER
12. Name: George W. Boyer
13. Birthplace: Illinois
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Rebecca M. Richards
15. Birthplace: Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant: Roy B. Boyer
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3* 3- 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Mo.
19. (a) 3/3/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 27
year: 1948 hour: 8 minute: a M.
21. I hereby certify that I attended the deceased from Dec. 2, 1948, to Feb. 27, 1948
that I last saw her alive on Feb. 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	60 days
Pyelonephritis	1 yr.
Due to: Neoplasm of Kidney	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: (1) Neoplasm of Kidney c perforation (2) Pyelonephritis	
Of autopsy: Yes (a) the deceased	

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)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or other)
Address: 669 Cherry St. Date signed: Feb 28 1948

Jefferson City Printing Co.
(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 Julian R. Goodman, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E. Wheeler

Licensed Embalmer No. 2837

P. O. Address Springfield 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.