S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1948

Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4024

State File No. 11413

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: Purves Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community For several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Cassville, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Oscar Dean Boyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Pearl Etchison Boyer

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

7. Birth date of deceased Dec. (Month) 15 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	3	27	hr. min.

9. Birthplace Honey Grove (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Farmere

11. Industry or business

FATHER
12. Name Frank Boyer
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary E. Marlow
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Homer Boyer
(b) Address Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Mo.

19. (a) April 19-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature) 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1948 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from June 2, 19 , to Apr. 12, 1948
that I last saw him alive on Apr. 12, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sub-phrenic abscess	3 days.
Due to Ruptured appendix	12 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ruptured appendix.
Of autopsy 121

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

23. Signature E. E. McDaniel (M.D. or other) [illegible]
Address Cassville, Mo. Date signed 4/16/48.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 448-531
Date Filed APR 26 1948

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 Paul D. Henbest, Registered Apprentice No. 54, working under my personal supervision.

Signed Margaret Culver
Licensed Embalmer No. 4389
P. O. Address Cassville

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.