

U. S. No. 300
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1948

State File No.
Registrar's No. 117

FILED JUL 1 1948
Registration District No. 138

Primary Registration District No. 5572

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson Co. Emerg. Hosp. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 804 Northern
(If rural, give location)

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

3: (a) PRINT FULL NAME John Boyer

3. (b) If Veteran, name was None

3. (c) Social Security No. 487-01-8495

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1948 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from 6-9-48 to 6-13 1948
that I last saw him alive on 6-13 1948
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race wh

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

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

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Aug 6 1903
(Month) (Day) (Year)

Immediate cause of death acute cardiac decompensation
Sarcoma of mandible max.

Duration

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

44 10 7 hr. min.

Due to Secondary anemia max.

Other conditions NO
(Include pregnancy within 3 months of death)

9. Birthplace Fairplay Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Paper Hanger

11. Industry or business Self Employed

12. Name Alonzo Boyer

13. Birthplace Fairplay Colorado
(City, town, or county) (State or foreign country)

14. Maiden name Lena Sykes

15. Birthplace Fairplay Colorado
(City, town, or county) (State or foreign country)

Major findings: Sarcoma of mandible

Of operations

Of autopsy 150

Underline the cause to which death should be charged statistically.

16. (a) Informant Eleanor Boyer

(b) Address 804 Northern

17. (a) Burial (b) Date thereof June 16 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Washington

18. (a) Signature of funeral director W. C. Brown

(b) Address Independence, Mo

19. (a) JUNE 14, 1948 (b) Donald C. Emshaus
(Date received local registrar) (Registrar's signature)

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?

23. Signature of physician Frank E. Dehars
Where at work? (Specify type of place) (b) Means of injury

Address Rt 4 Independence, Mo Date signed 6-14-48

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.....

Floyd C. Carson

Licensed Embalmer No. *4199*

P. O. Address.....

Independence, 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.