

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

1. PLACE OF DEATH:

(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home 403 West Spring St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 50 Years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cooper
(c) City or town: Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 403 West Spring St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Richard Lymer

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7
year 1948 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from May 2nd, 1948, to aug 6th, 1948, that I last saw him alive on aug 4th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Disease of Heart

Duration

Due to: _____
Due to: _____
Other conditions: dependent of age
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: A2 B
Of operations: _____
Of autopsy: _____

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? _____ (c) Means of injury _____
23. Signature: B. L. Coover (M. D. or other) _____
Address: Boonville Mo Date signed aug 7th

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mrs. Elizabeth Lymer 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: July 8 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>1</u>		hr. _____ min.

9. Birthplace: Patterson, New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: _____

12. Name: William Lymer

13. Birthplace: England
(City, town, or county) (State or foreign country)

14. Maiden name: Ellen Blue

15. Birthplace: Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. O. B. Garrison

(b) Address: Boonville, Mo.

17. (a) Burial (b) Date thereof: Aug. 9th 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Walnut Grove Cemetery.

18. (a) Signature of funeral director: Goodman & Boller

(b) Address: Boonville, Mo.

19. (a) 8-7-48 (b) B. L. Coover
(Date received local registrar) (Registrar's Signature)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-11-48

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.....

William N Wood..... Registered Apprentice No. 480,
working under my personal supervision.

Signed JH Goodman.....

Licensed Embalmer No. 1178.....

P. O. Address Boonville, 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.