

No. 300
10-47
5-17-39
I 3906

FILED OCT 18 1948

Registrar's No. 878

Registration District No. 128

Primary Registration District No. 2000

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

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:
O'Reilly VA Hospital, Springfield, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 6 mo 2 days
(Specify whether years, months or days)

In this community since hospitalized

3. (a) PRINT FULL NAME Calvert Leonard BOYER

3. (b) If veteran, name war WW One

3. (c) Social Security No. 480205115

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased: 12 (Month) 15 (Day) 1886 (Year)

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

61	9	28	hr. min.
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9. Birthplace Ewing, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture dealer

11. Industry or business 2nd hand furniture

MOTHER FATHER

12. Name Unknown 9

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 7

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records

(b) Address O'Reilly VAH, Springfield, Mo.

17. (a) Removal (b) Date thereof 10/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tonekan, Kansas

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home
Springfield, Missouri

(b) Address Springfield, Missouri

19. (a) 10-13-48 (b) V.E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Shawnee 999

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

(d) Street No. 1915 Van Buren
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1948 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from 4/11/47, 19, to 10/12/48, 19;
that I last saw him alive on 10/12/48, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced active

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work _____ (Specify type of place)
(b) Means of injury _____

23. Signature PAUL L. EISELE, MD (M. D. or other)

Address VAH, Springfield, Missouri Date signed 10-13-48

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.....

Gene C. Hunter

Registered Apprentice No. *291*

working under my personal supervision.

Signed *L. Duane Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, Md.*

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.