FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 16 1948

Registration District No. 33

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35835

Primary Registration District No. 3010

Registrar's No. 341

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

1. PLACE OF DEATH:

(a) County: Cape ~~Co.~~ Girardeau

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

(c) Name of hospital or institution: St Francis Cape Girardeau Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 20 MIN. (Specify whether years, months or days)

In this community: 20 Min

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson 50

(c) City or town: Herculaneum (If outside city or town limits, write "RURAL") 0 0

(d) Street No. (If rural, give location) 1

(e) Citizen of foreign country? (~~Yes~~ or No)

If yes, name country

3. (a) PRINT FULL NAME: John Neal Boyer

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Lucille Partney Boyer

6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: December (Month) 23 (Day) 1905 (Year)

8. AGE: Years 42 | Months 11 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace: De Soto (City, town, or county) Mo. (State or foreign country) U

10. Usual occupation: Mate - Dredging Work

11. Industry or business:

FATHER

12. Name: Moses M. Boyer

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

MOTHER

14. Maiden name: Octava Shipley

15. Birthplace: Hillsboro (City, town, or county) Mo. (State or foreign country) U

16. (a) Informant: Mrs James F. Boyer

(b) Address: Herculaneum Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-6-1948 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: Rosclawn Memorial Cem.

18. (a) Signature of funeral director: H. S. Vinyard

(b) Address: Festus Mo.

19. (a) 11-8-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 4 year: 1948 hour: 8 minute: 20 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Accidental Drowning - Blow on head a Contributing Cause.

Due to: Blow caused him to fall in Mississippi River.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy: Showed death due to accidental drowning & brain injury

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): Accident

(b) Date of occurrence: Nov. 4, 1948

(c) Where did injury occur? Cape Girardeau (City or town) Cape (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Bank of Mississippi river 4 mi. N. of Cape Gir. (Specify type of place)

While at work? No (e) Means of injury: Accidental drowning

23. Signature: Dr. R. H. Sigmund Coroner (M.D. or other)

Address: Jackson Mo Date signed: 11/6/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

Death Number 1148-14

11-15-48

MAR 11 1949

DEC 2 1948

DEC 2 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - M

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.