o. 300
10-47
17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1948

Registration District No. 928

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 36147

Registrar's No. 1021

**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: Telephone Building - McDaniel & Jeff.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 13 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene 39

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

(d) Street No. 1429 W Brower 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willard A. Boyer

3. (b) If veteran, name war No

3. (c) Social Security No. 491-03-9650

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March (Month) 31 (Day) 1898 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 50 | 7 | 21 | hr. min. |

9. Birthplace Frankford (City, town, or county) Pa. 1 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Thomas E Boyer
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Carrie E Richards
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Opal Boyer
(b) Address 1429 W Brower

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Mo.

19. (a) 11-24-48 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 22
year 1948 hour 3 minute 30 P. M.

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

Immediate cause of death Laceration of Brain
Contusion of Brain
Fracture of Skull

Due to Fall of 70 feet in elevator

Due to on Construction Job. Telephone bldg. Springfield Mo.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1.8 W

Of autopsy 11

Duration

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)~~ accident 133

(b) Date of occurrence 11/22/48 133

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Telephone bldg.
(Specify type of place)

While at work yes (e) Means of injury Fall ✓

23. Signature Clyde B Abbott (M. D. ~~or other~~)

Address Springfield, Mo Date signed 11/22/48

(Licensed Embalmer's Statement on Reverse Side) Coroner Greene Co.

MAR 11 1949

**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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.**