

No. 2
 DM-5-43
 v. 5-17-39
 I X36871

FILED DEC 31 1948

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **371**

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

1. PLACE OF DEATH: **Pettis**

(a) County.....

(b) City or town..... **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **one day**

In this community **30 years in Sedalia** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **TRACY DEE BOYER**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Henry C. Boyer, deceased**

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

7. Birth date of deceased **December 18, 1890**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | 57 | 11 | 26 | hr. min. |

9. Birthplace **Morgan County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **Samuel Merriott**

13. Birthplace **Morgan County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Georgia Ann Marriot**

15. Birthplace **Morgan County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edith Thomas (dau.)**

(b) Address **525 East 4th, Sedalia, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **12/16/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Phane Boring**

(b) Address **Sedalia, Mo.**

19. (a) **12/16/48** (Data received local registrar)

(b) **Betty Yeager** (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **Pettis**

(c) City or town..... **Sedalia**
(If outside city or town limits, write "RURAL")

(d) Street No. **525 East 4th**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **14**
 year **1948** hour **8:00** minute **P** M.

21. I hereby certify that I attended the deceased from **December 1, 1948** to **Dec. 14, 1948**
 that I last saw her alive on **Dec. 14, 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism** Duration 24 hrs.

Due to **Auricular fibrillation** 7 days

Due to **Arteriosclerotic heart disease; chronic myocarditis** NOT KNOWN

Other conditions **acute bronchitis** 10 days
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

PHYSICIAN **MD**
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)

(a) Means of injury.....

23. Signature **E. Burdman** (M. D. or other) MD

Address **312 1/2 S. Ohio, Sedalia, Mo.** Date signed **12/15/48**

RECEIVED

District Health Officer No. 8,

Subject File Number

Date Filed

12-30-48

Jr Rhodes

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.....

Richard D. Conn

....., Registered Apprentice No. *261*

working under my personal supervision.

Signed *Ruane Ewing*

Licensed Embalmer No. *BSA 7*

P. O. Address *Edalia 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.