DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20326

Registration District No. 2209 — Primary Registration District No. 5809 — Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Montgomery Co Mo

(b) City or town: Mineola Rural Danville Twp.
(If outside city or town limits, write "RURAL" and name of township.)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: Madison 999

(c) City or town: XX Nameoki Twp. "
(If outside city or town limits, write "RURAL")

(d) Street No.: 2040 Skeen St. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME: James L. Boyer

3. (b) If veteran, name war: No -0--

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

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

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

6. (c) Age of husband or wife if alive: 30 years

7. Birth date of deceased: March 16th (Month) 1914 (Year)

8. AGE: Years 35 | Months 3 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Washington Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: truck driver

11. Industry or business: Gen'l hauling

FATHER
12. Name: Lee Boyer
13. Birthplace: Washington, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Rose Mary Marsielle
15. Birthplace: Washington, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Marybelle Boyer
(b) Address: 2040 Skeen, Madison, Illinois

17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: June 23 1949 (Month) (Day) (Year)
(c) Place: burial or cremation:

18. (a) Signature of funeral director: [illegible] Mortuary
(b) Address: Montgomery City, Mo.

19. (a) 6-23-1949 (Date received by local registrar) (b) Jasper O. Helm (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1949 hour 10------ minute 30am M.

21. I hereby certify that I ~~attended~~ VIEWED the deceased from 23 June 1949, 19.. # at 11:15 am., 19.. that I last saw h.. alive on ....., 19.. and that death occurred on the date and hour stated above.

Immediate cause of death: Meningeal Hemorrhage — Duration

Due to: Traumatic injuries to skull — 6 hr

Due to: injuries received in truck - truck collision — 2 hr

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

Major findings: Of operations: fractured 1-2-and 3rd rt and left ribs

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): accident 70

(b) Date of occurrence: 23 June 1949

(c) Where did injury occur? Mineola Mo Montgomery Co (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? US Highway # 40 4.6 ms. West junct # (Specify type of place)

While at work? yes (e) Means of injury: wreck- 29

23. Signature: Clement M. Burnett DOS M. D. or coroner 9 coroner

Address: Montgomery City Mo Date signed: 6/23/49

(Licensed Embalmer's Statement on Reverse Side)

USE WRITING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 6 1949
District Health Officer No. 9,
District File Number

NOV 20

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 E. Boone Schlanker

Licensed Embalmer No. 4136

P. O. Address Montgomery Cty

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.