

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Ringold</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethang</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Leman</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Bethang Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Genuine J Boyer</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>19</u> <u>1950</u>
--	------------	-------------	-----------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-19-1895</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>13</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Aspen Colorado</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	--	---

13a. FATHER'S NAME <u>Thomas Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Boyer</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Boyer</u>	ADDRESS <u>Lemonda</u>
---	--	---	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u> DUE TO (c) _____		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		<u>151X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from June 15, 1950, to June 19, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 2:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.A. Boyler M.D.</u>	23b. ADDRESS <u>Bethang, Missouri</u>	23c. DATE SIGNED <u>6/19/50</u>
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/19/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leon Iowa</u>	24d. LOCATION (City, town, or county) (State) <u>Leman Iowa</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>6-19-50</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. Mathias</u>	ADDRESS <u>Bethang Mo</u>
--	---	---	------------------------------

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

041
0



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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *S. M. Frasier*

Licensed Embalmer No. 1078

P. O. Address *Bethany, 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.