

No. 2
4-13-40
-17-39
I X23155

Registration District No.

Primary Registration District No. 1002

Registrar's No. 657

1. PLACE OF DEATH:

(a) County. Jackson

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

(c) Name of hospital or institution:
1106 Paseo, Apt. 21 /
(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. about 25 years

3. (a) PRINT FULL NAME. Fred Boyd

3. (b) If veteran, name war. None

3. (c) Social Security No. 496-05-6581

4. Sex. M

5. Color or race. Col.

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

6. (b) Name of husband or wife. Hazel Boyd

6. (c) Age of husband or wife if alive. 46 years

7. Birth date of deceased. October 22 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	3	18	hr. min.

9. Birthplace. Platte City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Houseman

11. Industry or business. La Vere Apartments

12. Name. Will Boyd

13. Birthplace. Plattet City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name. ANNA

15. Birthplace. Lexington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Hazel E. Boyd

(b) Address. 1106 Paseo, Apt. 21

17. (a) burial (b) Date thereof 2/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lincoln Cemetery

18. (a) Signature of funeral director. Matthews Bros.

(b) Address. 1729 Lydia

19. (a) 2/14/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson

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

(d) Street No. 1106 Paseo, Apt. 21
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 10
year 1941 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from June - 1939
19 to Feb 8 1941
that I last saw him alive on Feb 8 - 41 19
and that death occurred on the date and hour stated above.

Immediate cause of death. Hypertensive Heart Disease
Chronic Interstitial Nephritis
Due to Hypertensive Dueto Hypertensive Heart Disease

Other conditions. 197 131

Major findings: Of operations. Albumin casts
Low gravity - High B.P.
Of autopsy.

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) _____

(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) (e) Means of injury

23. Signature. George W. Hedgpeth
(M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

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 *Isaac Jerome Manly*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St*

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.