

FILED MAR 16 1942

Registration District No. ....

Primary Registration District No. 1002

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:  
St. Luke's Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, write street number or location  
5 Days (Specify whether  
In this community... 16 Years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Ann Boyce  
Mrs. Theodosia

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. John S. Boyce 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased July 28 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>27</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name C. C. Merriott  
13. Birthplace Morgan County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Hughes  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy C. Boyce

(b) Address 1076 E. 40th

17. (a) Burial (b) Date thereof Mar. 6, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Versailles, Missouri

18. (a) Signature of funeral director D. H. Newcomer, Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-6-42 (b) M. M. Crowe  
(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. 3316 Brooklyn Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th  
year 1942 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 25-42  
1942 to Mar 5 1942  
that I last saw her alive on Mar 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac failure -  
Obstruction of pyloric end of stomach  
Due to...  
The heart failure followed  
Due to... operation - gastroenterostomy  
Other conditions Pernicious Anemia  
(Include pregnancy within 3 months of death)

Duration

Major findings: Stomach obstruction  
Of operations at the pylorus (Probably Malignant)  
Of autopsy No H. P.  
Underline the cause to which death should be charged statistically.

PHYSICIAN

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 F. R. Ramsey (M. D. or other) M.D.  
Address 311 Agate Blvd Date signed 3/5-42

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

311. Payne Body  
12-5-38

**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 *H. C. Newcomer Jr*  
Licensed Embalmer No. *4043*  
P. O. Address *H. C. 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.**