

FILED MAY 6 1943
Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(a) County _____

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

(c) Name of hospital or institution: 711 Fuller
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 77 years, months or days)

3. (a) PRINT FULL NAME James Winston Boyer

3. (b) If veteran, name war No

3. (c) Social Security No. 490-16-0786

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced, Div. 3

6. (b) Name of husband or wife Emeria West

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

7. Birth date of deceased March 21, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>27</u>	hr. _____ min.

9. Birthplace Carrollton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Log Grader

11. Industry or business Retired

MOTHER FATHER {

12. Name No Record

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant John Wm. Boyer

(b) Address 711 Fuller, K.C. Mo.

17. (a) Burial (b) Date thereof Apr. 21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery, Indep. Mo.

18. (a) Signature of funeral director Shell Funeral Home

(b) Address 6606 Indep. Ave. K.C. Mo.

19. (a) 4-21-43 (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, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 711 Fuller
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 18 year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1937 to 4-18-43 that I last saw him alive on 4-18-43 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatative of heart

Due to Chronic Myocarditis 6 yrs
Arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 H. C. ... (Date or other) 4-19-43
Address 6320 Spang Ave Date signed _____

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 *John P. Skel*.....

Licensed Embalmer No. *2623*.....

P. O. Address *K C W*.....

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.