

10 AUG 27 1943

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(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: 1418 Harrison /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1418 Harrison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Idella DuBoyce

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Do not know 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Febr 28 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 16 _____ hr. _____ min.

9. Birthplace Penn /
(City, town, or county) (State or foreign country)

10. Usual occupation Land Lady

11. Industry or business Land Lady

MOTHER FATHER

12. Name Thomas Headley
13. Birthplace Wales 4
(City, town, or county) (State or foreign country)
14. Maiden name Do not know
15. Birthplace Penn /
(City, town, or county) (State or foreign country)

16. (a) Informant William Edwards

(b) Address 1418 Harrison

17. (a) Burial (b) Date thereof 8 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Steinhacher, s

(b) Address 3146 Main St.

19. (a) 8-17-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1943 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from Reputy to Coroner 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic heart
Due to Disease.

Due to _____
Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Inspection 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)
(c) Means of injury _____
23. Signature W. E. Steinhacher (M. D. or other) M.D.
Address 23 McKey Date signed 8/17/43

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.....

Sho J. Sternfuch

Licensed Embalmer No.....

3930

P. O. Address.....

Kc 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.