V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5079

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 593

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 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1-DAY (Specify whether years, months or days)
In this community: 1-DAY

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") 48
(d) Street No.: 401-EAST-54TH STREET (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 8
If yes, name country: --- 0

3. (a) PRINT FULL NAME: GEOFFREY BOYER
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: ---
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: FEBRUARY (Month) 4 (Day) 1945 (Year)
8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.
9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: INFANT
11. Industry or business: ---

FATHER
12. Name: MAURICE C. BOYER
13. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name: DORIS HITCHCOCK
15. Birthplace: WISCONSIN (City, town, or county) (State or foreign country)

16. (a) Informant: MR. MAURICE C. BOYER
(b) Address: 401-EAST-54TH STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB. 7-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: MEMORIAL PARK CEM.
18. (a) Signature of funeral director: D. A. Newcomer's Sons
(b) Address: 1401-BRUSH CREEK BLVD
19. (a) 2-6-45 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 5TH year 1945 hour minute A.M.
21. I hereby certify that I attended the deceased from Feb. 4, 1945, to 2-5, 1945, that I last saw h. alive on ---, 19---; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to: 15	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Sub-total atelectasis	

Major findings:
Of operations:
Of autopsy: As above

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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury: ✓
23. Signature: Maurice L. Jones, M.D. (M. D. or other)
Address: St. Luke's Hospital Date signed 2-6-45

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P.O. Address K 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.