

S. No. 2
OM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16554
State File No.
2174
Registrar's No.

FILED MAY 27 1946
Registration District No. 149

Primary Registration District No. 1002

15436
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
709 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
in this community Do not know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 709 Washington
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Boydston
(b) If veteran, name war No
(c) Social Security No. Do not know

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1946 hour 7 minute 35 A.M.

4. Sex M 5. Color of race W
6. (a) Single, widowed, married, divorced Divorced

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

6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive 1863 years
7. Birth date of deceased. _____
(Month) (Day) (Year)

Immediate cause of death Coronary sclerosis
Due to arteriosclerosis
Due to _____

8. AGE: Years 83 Months _____ Days _____
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 94a
Major findings:
Of operations _____

9. Birthplace Do not know
(City, town, or county) (State or foreign country)

10. Usual occupation none

MOTHER FATHER {
11. Industry or business _____
12. Name Do not know
13. Birthplace not know
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace not know
(City, town, or county) (State or foreign country)

Of autopsy History & Impression
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 _____

16. (a) Informant Coroners Office
(b) Address Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/46
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope KC, Kansas

18. (a) Signature of funeral director Parsons Bros
(b) Address Kansas City, Mo.

19. (a) 5-15-46 (Date received local registrar) (b) Steadline Holmes (Registrar's signature)

23. Signature James Miller (M. D. or other) _____
Address 1424 1/2 N. 1st St. Date signed 5-14-46

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 J. S. Walton

Licensed Embalmer No. 2744

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.