

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 31 1946

Primary Registration District No. 1002

Registrar's No. 2974

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: 3924 McGee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether

In this community life
years, months or days)

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. 3924 McGee
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Miss Lucy Boyer

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1946 hour 6 minute P. M.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X

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

7. Birth date of deceased: December 18 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 27
1946, to July 5, 1946
that I last saw her alive on July 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration

8. AGE: Years Months Days If less than one day

85 6 18 17 hr. min.

Due to Shock (due to sisters death)

Due to _____

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

10. Usual occupation at home.

Other conditions 130
(Include pregnancy within 3 months of death)

11. Industry or business X

12. Name Samuel Boyer

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Melinda Humbarger

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings: 130

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Lucy Parrott

(b) Address 3924 McGee, Kansas City, Mo.

17. (a) cremation (b) Date thereof 7-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-8-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 X

23. Signature Helen M. Fuxell D.O. (M.D. or other)
Address 2 E. 39th St. K.C. 2 Mo. Date signed July 8 46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
20363

Dr. Helen Ferrell, 2 E. 39th St.

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. Clair Shippard

Licensed Embalmer No.

4179

P. O. Address

R. C. Med.

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.