. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33457

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4279

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. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 wks., 4 days (Specify whether years, months or days)

In this community 26 years

2. USUAL RESIDENCE OF DEACEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 8140 Troost Avenue
(If rural, give location)

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

If yes, name country

48 00 1

3. (a) PRINT FULL NAME Miss Nell Claire BOYLE

3. (b) If veteran, name war no

3. (c) Social Security No. 486-09-5380

4. Sex female

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 June (Month) 6 (Day) 1882 (Year)

8. AGE: Years 64 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business Mission Laundry

FATHER
12. Name Patrick Boyle
13. Birthplace New York City, (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Ellen Joyce
15. Birthplace Chilton (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Mr. Ed Boyle
(b) Address 8140 Troost Ave., K.C., Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Milwaukee, Wisconsin

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 10-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from July 19, 1946 to Oct 11, 1946 that I last saw her alive on Oct 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Encephalomalacia	
Due to: Cerebral Embolism	
Due to: Mitral Stenosis (Rheumatic)	
Other conditions (Include pregnancy within 3 months of death): Mult Infarcts, Spleen & Kidneys	

Major findings:
Of operations 9-2-45
Of autopsy 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 Rosalie Jerome (M.D.) (Coroner)
Address St. Joseph Hosp Date signed 11 Oct 46

(Licensed Embalmer's Statement on Reverse Side)

MAY 14 1949

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.