

S. No. 12-45  
5-17-39  
I X47070

FILED JAN 23 1947  
149

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  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Kansas City General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 days (Specify whether 1)  
two years (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME James A. Boy

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 WIDOWED

6. (b) Name of husband or wife Martha

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

7. Birth date of deceased April 23, 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70-</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business self

12. Name ADAMS BOY

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

14. Maiden name MARY BURPER

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

16. (a) Informant JOHN BOY

(b) Address 1118 So. 20th St., St. Joseph, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/8/47  
(Month) (Day) (Year)

(c) Place: burial or cremation ST. JOSEPH, MO.

18. (a) Signature of funeral director John G. Cruff

(b) Address 6054 PRIOR AVE

19. (a) 1-7-47 (Date received local registrar) (b) Staldine Holm (Registrar's signature)

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. 514 1/2 Main  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5  
year 1947 hour 1 minute 17 AM.

21. I hereby certify that I attended the deceased from October 28, 1946 to January 5, 1947.  
that I last saw him alive on January 5, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis - terminal broncho-pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(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 \_\_\_\_\_

23. Signature Wm W. Hart (M. D. or other) MD  
Address Med. Dir. Kansas City General Hosp  
Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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.....

*John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.