

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

Registration District No. 149

Primary Registration District No. 1002

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: General Hospital # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether in this community 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. 4324 Troost
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RICE W. BOYD

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 August 27, 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired maintenance man
Gillham Theater

11. Industry or business _____

12. Name No record 9

13. Birthplace No record 9
(City, town, or county) (State or foreign country)

14. Maiden name No record 9

15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pauline Luster

(b) Address 4324 Troost Ave.

17. (a) Burial (b) Date thereof Jan. 12, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director T. H. E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 1-11-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1948 hour 6 minute 15 a.m.

21. I hereby certify that I attended the deceased from December 29, 1947 to January 9, 1948
that I last saw him alive on Jan. 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary edema--
urinary retention and uremia
Due to (m.m.e.)

Due to _____

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

Major findings:
Of operations 135.6

Of autopsy None

Duration _____

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? _____

While at work? _____ (Specify type of place) _____

(e) Means of injury _____

23. Signature Wm W Hart (M. D. or other) Full
Med. Dir. Gen'l Hosp. # _____ date signed 1-11-48

Dr Thomas

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..... *Thomas E. Zwick*

Licensed Embalmer No..... *3575*

P. O. Address..... *A. 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.