

S. No. 2
DM-5-43
V. 5-17-39
I X36671

FILED FEB 3 1948

State File No. _____

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 294

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

(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)

In this community 4 days
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. 2925 East 28th Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Timothy A. BOYLE

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 January 17, 1948
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 17, 1948, to 1-21, 1948, that I last saw him alive on 1-20, 1948, and that death occurred on the date and hour stated above.

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

0 0 4 hr. _____ min.

Immediate cause of death Atelctosis at 7th month gestation Duration Birth

Due to prematurity (7th month) maternal toxemia

Due to blood dyscrasia - jaundice etc (prelusion in mother)

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

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

10. Usual occupation Infant

PHYSICIAN

Major findings: 159

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Daniel R. Boyle

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

14. Maiden name Mildred Sweeney

15. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Daniel R. Boyle

(b) Address 2925 E. 28th St., K.C., Mo.

17. (a) Burial (b) Date thereof 1-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 1-22-48 (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 _____

23. Signature A. B. ... (M. D. or other) md

Address 4711 Central St Date signed 1-21-48

Dr. A. B. Sinclair

4711 Central

211 W. Concord

Hi. 2223

Call around 9 P.M.

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

Elmer E. Beck

Licensed Embalmer No.

4063

P. O. Address

R. C. Meo

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.