

FILED JUL 22 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23034

Registrar's No. 2869

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: ST. LUKES HOSP.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 45 MIN.  
 In this community 24 years  
 years, months or days (Specify whether

3. (a) PRINT FULL NAME MRS. ESTHER K. BOYER3. (b) If veteran, name war NO 3. (c) Social Security No. NO4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife A. L. BOYER 6. (c) Age of husband or wife if alive 45 years7. Birth date of deceased MAY 3 1906  
(Month) (Day) (Year)8. AGE: Years 42 Months 2 Days 5 If less than one day, hr. min.9. Birthplace NO. DAKOTA  
(City, town, or county) (State or foreign country)10. Usual occupation HOME

## 11. Industry or business

12. Name David Oster13. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Rosa Jones15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant A. L. BOYER(b) Address 836 W. 72nd St. #1217. (a) BURIAL (b) Date thereof 7-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation FOREST HILL18. (a) Signature of funeral director STINE & McCLURE(b) Address KANSAS CITY, MO.19. (a) 7-12-48 Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON  
 (c) City or town KANSAS CITY  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 836 W. 72 ST.  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8  
year 1948 hour minute M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Acute GastritisDue to Arsenic & Fluoride

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

Other conditions (Include pregnancy within 3 months of death) Deputy CoronerMajor findings: Of operations 1637 PHYSICIANOf autopsy See Above 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) Suicide(b) Date of occurrence 7-8-48(c) Where did injury occur? Kansas City MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on a farm, in industrial place, in public place?

While at work? No (Specify type of place) (a) Means of injury Person23. Signature D. E. Walker (M. D. or Pharm. D.)Address 2800 1/2 Main Date 7/24/48

**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..... *Robert H Reed* .....

Licensed Embalmer No..... *3745* .....

P. O. Address..... *K.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.**