

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:
4141 TRACY AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 25 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 4141 TRACY AVENUE (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME MR. WILLIAM ELI BOYER SR.

3. (b) If veteran, name war. No

3. (c) Social Security No. 487-05-5815

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17TH
year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from
Coroner 19____ to 19____
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. ANNIE LEE BOYER

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased JANUARY 3 1892
(Month) (Day) (Year)

Immediate cause of death
Coronary sclerosis

Due to atherosclerosis

Due to _____

8. AGE: Years 56 Months 6 Days 14 If less than one day hr. min.

9. Birthplace NEAR JOPLIN MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation IRON WORKER

11. Industry or business _____

MOTHER, FATHER {

12. Name ELI BOYER

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

14. Maiden name ROSE

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

16. (a) Informant MRS. W. B. Boyer
(b) Address 4141 TRACY

17. (a) BURIAL (b) Date thereof JULY 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director E. W. Mycomus Soys
(b) Address 1401 Grand Creek Blvd.

19. (a) 7-19-48 (b) M. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy NO History & Impression

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) (c) Means of injury 3

Signature J. J. McElroy (M. D. or other)

Address 1924 Jay Alley Date signed 7-18-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

D. J. Nofsinger

Licensed Embalmer No.

3938

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.