

S. No. 390
M-10-47
7-5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32804

Registrar's No. 4117

Registration District No. 149

Primary Registration District No. 10.02

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town TOWNSHIP CITY
(c) Name of hospital or institution 1020 TROOST AVE
(d) Length of stay: In hospital or institution
In this community 530 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town TOWNSHIP CITY
(d) Street No. 1020 TROOST AVE
(e) Citizen of foreign country? No
If yes, name country

3: (a) PRINT FULL NAME EMMETT BOYD
3. (b) If veteran, name war No.
3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4 year 1948 hour 10 minute 40 P. M.
21. I hereby certify that I attended the deceased from Deputy Coroner
that I last saw h alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race Negro
6. (g) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife UNKNOWN
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Aug. 23, 1876

Immediate cause of death Cardiac Failure
Due to Hypertensive Heart Disease
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy No-Permit

8. AGE: Years 72 Months 1 Days 89 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

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

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

16. (a) Informant Edward Boyd
(b) Address 1020 Troost

17. (a) Removal (b) Date thereof Oct. 12, 48
(c) Place: burial or cremation Lawrence, Mo.

18. (a) Signature of funeral director
(b) Address 1513 TROOST AVE

19. (a) 10-11-48 (b) Signature of Registrar

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?
(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 J. R. Williams (M. D. or other)
Address 2636-Brooklyn Date signed

10-11-48

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 *E. C. Davis*.....

Licensed Embalmer No. 4717.....

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.