

APR 15 1941

Registration District No. 399

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 Trinity Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital of institution 5 Days  
(Specify whether  
In this community 25 Years  
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. 2008 Linwood Blvd. 2nd Floor  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Mrs. Gertrude R. Boyington

3. (b) If veteran, name war No 3. (c) Social Security No. Bone

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. S.S. Boyington 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 15 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 2 0 hr. min.

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

10. Usual occupation None

11. Industry or business At Home

12. Name E. Rohrer

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

14. Maiden name Orilla Walden

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

16. (a) Informant Mrs. Clara Fisher

(b) Address 5406 Euclid

17. (a) Trinity Hill (b) Date thereof Mar. 18, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 3/18/41 (b) M. M. Crown  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 th  
year 1941 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from 3-10-41  
to 3-15-41

that I last saw her alive on 3-15-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to 830

Due to 830

Other conditions Hypertensive pneumo-  
(Include pregnancy within 6 months of death) 2 da

Major findings: menia

Of operations

Of autopsy

Duration

5 da

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 Robert M. Myers (M. D. or other) M.D.

Address 1025 Duval Blvd Date signed 3-18-41

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

830

Spalte 10/19

**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..... *H. C. Newcomer*

Licensed Embalmer No. *4043*

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.**

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. ....

State of Missouri  
County of Jackson ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1116

On this 3 day of March, 1941, before me appears Mrs. Charles Fisher, who, upon oath, states that the original record of ~~birth~~ death for Mrs. Gertrude R. Boynton died March 15, 1941, in the State of Missouri, and which was filed at Kansas City on 3-18, 1941, should be corrected as follows:

Item No. 7 should read ~~January 15, 1874~~

Instead of .....

Item No. 76C should read 62

Instead of 68

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Chas. Fisher Relationship Daughter

5406 Euclid - K. C. Mo.  
Present Address.

Subscribed and sworn to before me this 3 day of March, 1941.

My Commission Expires Jan. 15, 1946

Rose A. Markel Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

9707