

No. 2  
1-4-41  
17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33729  
651  
Registrar's No. \_\_\_\_\_

FILED NOV 13 1941  
Registration District No. 97

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: General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9-17-41-9-28-41  
(Specify whether years, months or days) 6 years

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. 1122 E. 23rd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME LULA BOYD  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

20. DATE OF DEATH: Month Sept., day 28  
year 1941, hour 6 minute 50 a.m.

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from September 17, 1941 to September 28, 1941; that I last saw her alive on September 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary infarct  
Duration \_\_\_\_\_

7. Birth date of deceased March 1, 1876  
(Month) (Day) (Year)  
8. AGE: Years 65 Months 6 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to hypertensive type heart disease with a partial heart block and decompensation

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

Other conditions (Include pregnancy within 3 months of death) 95 1/2

10. Usual occupation Unemployed

Major findings: Of operations \_\_\_\_\_  
Of autopsy 93d  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Deceased -  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Deceased -  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital #2  
17. (a) Burial (b) Date thereof 10/1/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Cemetery  
Walter W. Halliday  
1520 N. 5th St  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) 10/1/41 (b) M. M. Crowe  
(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?  
(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Gen Hosp #2-600 E. 22nd Date signed 9-29-41

311 (Licensed Embalmer's Statement on Reverse Side)

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

**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 *Nathan M. Matkin*

Licensed Embalmer No. *2200*

P. O. Address *1520 N. 5th St*

**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.**