

FILED FEB 11 1942
379

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1135
199
Registrar's No.

Registration District No. 379

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:
3200 Norledge 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 38 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. 15 E. 34th Street
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Catherine Boyer Clarke
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased. May 16 1868
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 29 hr. min.

9. Birthplace Ipava Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation At Home

11. Industry or business _____
 MOTHER FATHER { 12. Name Jonas Boyer
 13. Birthplace Pa.
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Roth
 15. Birthplace Pa.
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles J. Boyer
 (b) Address 209 Monterey Ave., Detroit, Mich.
 17. (a) Removal (b) Date thereof 1-17-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ipava, Illinois
 18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Missouri
 19. (a) 1-17-42 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 15
 year 1942 hour 10 minute 5A M.
 21. I hereby certify that I attended the deceased from Sept 3
1941, to Jan 15, 1942
 that I last saw ~~her~~ him alive on Jan 14, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death
Caecum brain
secondary to carcinoma
 Due to of breast
 Due to _____
 Other conditions Myocarditis
 (Include pregnancy within 6 months of death)
pericarditis-sclerosis
 Major findings:
 Of operations _____
 Of autopsy 50

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 Hubert Walcott (M. D. or other)
 Address 1124 Professional Bldg Date signed 1/15/42

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

2130-4115
11/19/68
Prof. B. B. B.
Valencia, N.M.
H. B. B.

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

Clarence H. Chiles

Licensed Embalmer No.

3473

P. O. Address

76 E. Maple

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.