S. No. 2
I—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5222

FILED MAR 5 1942 399

Registration District No. 1942 Primary Registration District No. 1002 Registrar's No. 503

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 5827 Holmes Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 50 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. 5827 Holmes Street (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Kramer Boyts

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife D. W. Boyts

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

7. Birth date of deceased February (Month) 3 (Day) 1865 (Year)

8. AGE: Years 77 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown Kramer
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Lydia Planck
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs Lydia Harrington

(b) Address 5827 Holmes Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director D. H. Newcomers Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-5-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th year 1942 hour 3 minute 00A.M.

21. I hereby certify that I attended the deceased from July 21 1937 to Feb 5 1942 that I last saw her alive on August 15 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral Embolism	2 da
Due to Mitral Valve deficiency and Diabetes	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E A Burkhardt (M. D. or other) MD

Address 3346 Summit K C Mo Date signed 2/5/42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. E. A. Burkhar
3346 Summ
3-5

MAR 3 1942

MAR 30 1948

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.