

FILED JUN 7 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
2622A Prospect Ave. 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 20 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2622A Prospect Ave.
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maud E. Boyd

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 Harry Boyd 6. (c) Age of husband or wife if alive 57 yrs years

7. Birth date of deceased July 19 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 6 If less than one day
hr. _____ min. _____

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

10. Usual occupation House-work

11. Industry or business _____

MOTHER FATHER { 12. Name William Forester /
13. Birthplace Indiana /
(City, town, or county) (State or foreign country)

14. Maiden name Martha Carpenter
15. Birthplace Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant W. William Boyd
(b) Address 3018 1/2 E. 9th. St.

17. (a) Burial (b) Date thereof 5-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington, K.C. Mo.

18. (a) Signature of funeral director Rose & Henderson
(b) Address 4139 East 15th. St K.C. Mo.

19. (a) 5-26-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 22
1943, to May 25 1943

that I last saw her alive on May 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Subdural Hemorrhage
Duration 5 days

Due to myocarditis 2nd

Due to 108

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____

23. Signature H. P. Detwiler (M. D. or other) D
Address 702 Angyle Bldg. Date signed 5-26/43

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..... *John B. Carp*.....
Licensed Embalmer No. *2965*.....
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.