

S. No. 2
FORM-5-43
Rev. 5-17-39
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13571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 11 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1899

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 No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-22-44-4-22-44
(Specify whether
In this community Unknown
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. 1119 E. 17th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

PORTER BOYD

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mable Boyd

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

7. Birth date of deceased December 24 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 3 28 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 4-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingdon Cemetery

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 5-2-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1944 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from March 22
1944, to April 22, 1944
that I last saw him alive on April 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Psychosis

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 162a

Major findings: Of operations

Of autopsy

Duration

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? (b) Means of injury

23. Signature P. E. Brown (M. D. or other)

Address General Hospital No. 2 6005 22nd Date signed 4/22/44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

A. T. Moore

Licensed Embalmer No.....

948

P. O. Address.....

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.