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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16930

Registrar's No. 2094

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:
4441 CHESTNUT AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 10 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 4441 CHESTNUT AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME MR CHARLES BLAIR BOYLE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. FLORA C. BOYLE

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased SEPTEMBER 30 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	7	13	hr. min.

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

10. Usual occupation JEWELER

11. Industry or business OWN BUSINESS

FATHER
12. Name CHARLES BLAIR BOYLE
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name SARAH JANE BLAIR
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant B. A. Christinsen
(b) Address 4441 Chestnut

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 16 1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-15-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13TH year 1944 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 24, 1944 to May 12, 1944; that I last saw him alive on May 12th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration: 2 yrs.

Due to Kidney Heart & Vascular Dropsy & Disease — 3 months

Due to Swelling

Other conditions (Include pregnancy within 3 months of death) 93d

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 Dr James J Critten (M. D. or other) DO.
Address 1016 Chambers Bldg Date signed 5-13-44

(Licensed Embalmer's Statement on Reverse Side)

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 H C Newcomer Jr

Licensed Embalmer No. 4045

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.