

U.S. No. 2
DOM-5-43
Rev. 5-17-39
I X36871

FILED OCT 1 1945
Registration District No. **11**

Primary Registration District No. **1002**

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:
5816 E 16th St., Terr
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) **2 years**

In this community **no** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **5816 E 16th St. Terr** **8**
(If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Mary E. Boylen**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Fem** / 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Patrick Boylen**

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

7. Birth date of deceased **11/28/1850** **1856**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	29	25	22 hr. min.

9. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **"**

12. Name **Unk**

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

14. Maiden name **Unk**

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

16. (a) Informant **Francis Boylen**

(b) Address **5816 E 16th Terr.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **9/20/45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Wichita, Kans.**

18. (a) Signature of funeral director **John P. Sheil**

(b) Address **Kansas City, Mo.**

19. (a) **9-21-45** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **20** year **1945** hour **8:00** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept 1** 1944 to **Sept 20** 1945

that I last saw her alive on **Sept 17** 1945 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** **7 days**

Due to **Arteriosclerosis**

Due to **old age**

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

Major findings: Of operations **83a**

Of autopsy _____

Duration

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? **L.G. Patten** (Specify type of place) (M. D. or other)

23. Signature **L.G. Patten** (M. D. or other) **9/20/45**

Address **724 Phog, Pkwy, KC Mo** Date signed **9/20/45**

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 P. Sheild*
Licensed Embalmer No. *3625*
P. O. Address: *5640*

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.