

S. No. 2
UM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32569

State File No. _____
Registrar's No. **4295**

FILED OCT 28 1945
Registration District No. _____

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:
3660 Summit 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 **45 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")
 (d) Street No. **2730 Summit Street** **P**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MRS. CARRIE E. BOYER**
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 **Widowed**
6. (b) Name of husband or wife **L. S. Boyer**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 31st 1854**
 (Month) (Day) (Year)

8. AGE: Years **91** Months **4** Days **16**
 If less than one day _____ hr. _____ min.

9. Birthplace **Niagra Falls** **New York**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____
MOTHER FATHER { **12. Name** **Unknown**
13. Birthplace **Unknown** **14. Maiden name** **Unknown**
 (City, town, or county) (State or foreign country)
15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **L. R. Boyer**
(b) Address **4004 Warwick Boulevard**

17. (a) Burial (b) Date thereof **10/ 20/ 1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Moriah Cemetery**
Freeman Mortuary & Chapel

18. (a) Signature of funeral director **104 West 42nd Street**

(b) Address _____
19. (a) 10-19-45 (b) **Geraldine Holmes**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **17th**
 year **1945** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **6-14-1940**
 _____, 19 _____, to **Oct 17**, 19 **45**
 and that death occurred on the date and hour stated above.
 I last saw her alive on **Oct 15**, 19 **45**.

Immediate cause of death _____ **Duration** _____
Hypostatic pneumonia **24 hr**
 Due to **melanoma with metastasis** **years**
to liver and bladder
 Due to _____
 Other conditions **Sonality**
 (Include pregnancy within 3 months of death)

Major findings: _____ **PHYSICIAN** _____
 Of operations **53**
 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? _____

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 Signature **Esther W. ...** (M. D. or other) **MD**
 Address **4050 Broadway** Date signed **Oct 18 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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.