S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23506

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2945

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: St. Marys (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 35 min (Specify whether years, months or days) In this community: 35 min

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Johnson
(c) City or town: Stillwell (If outside city or town limits, write "RURAL")
(d) Street No.: 21 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary Jane 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: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 2 (Day) 1946 (Year)
8. AGE: Years | Months | Days | If less than one day: hr. 35 min.
9. Birthplace: Kansas City, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: infant
11. Industry or business:
12. FATHER Name: Geo. F. Boyd
13. FATHER Birthplace: Stillwell (City, town, or county) Kansas (State or foreign country)
14. MOTHER Maiden name: Barbara Jane Nellor
15. MOTHER Birthplace: Stillwell (City, town, or county) Kansas (State or foreign country)
16. (a) Informant: George F. Boyd
(b) Address: Stillwell, Kans.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 3, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Valley Cemetery Stanley, Kansas
18. (a) Signature of funeral director: J. E. Julian
(b) Address: Olathe Ks.
19. (a) 7-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from July 2, 1946, to July 2, 1946 that I last saw her alive on July 2, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death | Duration
Due to: Premature (6½ months)
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: 159
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: C W Jones M.D. (M. D. or other)
Address: Olathe Kan. Date signed:

(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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address Olathe, Kansas

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.