No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

24094

State File No. 3155

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

WRITE PLAINLY—USING 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 826 Euclid
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town K. C. Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 826 Euclid ave 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine H Clair Boyd
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex Fe
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Phelix Boyd
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 27 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
73	2	0	hr. min.

9. Birthplace K. C. Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. ~~Industry or business~~ John Clark
FATHER
12. Name
13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
16. (a) Informant Geo Boyd
(b) Address 2300 E 13 st
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-47
(Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director H B Moore
(b) Address 1820 E 18 st
19. (a) 7-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1947 hour 4 minute P M.

21. I hereby certify that I attended the deceased from July 3, 1947 to July 27, 1947
that I last saw him alive on July 27, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rectal Adenocarcinoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 d	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature L. W. Booker (M. D. or other)
Address 2028 Vine Date signed 7/28/47

Jefferson City Printing Co.

(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 A B Moore

Licensed Embalmer No. 2440

P. O. Address 1820 E 18th

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.