S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33995

Registration District No. 72

Primary Registration District No. 4289

Registrar's No.

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R. 487 North Kansas City Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 22Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mossuri (b) County Clay

(c) City or town Rural Winwood (If outside city or town limits, write "RURAL")

(d) Street No. R.R. 487 North Kansas CityMo (If rural, give location)

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

If yes, name country no

24 0 0 0

3. (a) PRINT FULL NAME Grace May Boulware

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 Divorced

6. (b) Name of husband or wife James Porter Boulware

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

7. Birth date of deceased Aug. (Month) 25 (Day) 1887 (Year)

8. AGE: Years 60 Months 0 Days ~~1887~~ 22 If less than one day XX hr. XX min.

9. Birthplace Monroe Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER

12. Name John Thomas Fryar

13. Birthplace Louis Co. (City, town, or county) Missouri (State or foreign country)

14. Maiden name Mattie Mc Dowell

15. Birthplace XXX (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Melvin O. Boulware

(b) Address R.487 North Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem. Liberty Mo.

18. (a) Signature of funeral director Morton-SSmith's F.H.

(b) Address 832 Armour Rd. North Kansas City

19. (a) Sept 18-47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 16 day year 1947 hour minute 7:20a M.

21. I hereby certify that I attended the deceased from Sept 1, 19 47, to Sept 16, 19 47, that I last saw him alive on 9-15-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Primary Ca of cervix

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

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 (M. D. or other)

Address Date signed 9-18-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number
Date Filed 6-20-47

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 Thurm Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.