

FILED MAR 13 1948
49

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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. Luke's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **10 days**
(Specify whether in this community since 1887) **since 1887**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Jackson**
(c) City or town: **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No.: **Woodlea Hotel**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country: **X**

3. (a) PRINT FULL NAME

Boyd W. Harwood

3. (b) If veteran, name war

World War #2

3. (c) Social Security No.

no.

4. Sex: **male** 5. Color or race: **white** 6. (a) Single, widowed, married, divorced: **married**
6. (b) Name of husband or wife: **Mrs. Pearl Ranson Harwood** 6. (c) Age of husband or wife if alive: **unknown** years
7. Birth date of deceased: **April 23 1873**
(Month) (Day) (Year)

8. AGE: Years: **74** Months: **10** Days: **3** If less than one day: **hr. min.**

9. Birthplace: **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired Investment Broker**

11. Industry or business: **X**

12. Name: **unknown**

13. Birthplace: **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **unknown**

15. Birthplace: **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Edgar Shook**

(b) Address: **1009 W. 57th Ter., K. C., Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof: **2-28-48**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Elmwood Cemetery**

18. (a) Signature of funeral director: **Stine & McClure**

(b) Address: **3235 Gillham Plaza, K. C., Mo.**

19. (a) **2-28-48** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **February** day: **26** year: **1948** hour: minute: **P. M.**

21. I hereby certify that I attended the deceased from **January 3, 1943** to **February 26, 1948**
that I last saw him alive on **February 26, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Heart Failure**

Due to: **Myocardial Infarction**
Arteriosclerosis

Due to: _____

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

Major findings: **no**
Of operations: _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury: **0**

23. Signature: **H.P. Boykin** (M. D. or D.O.)
Address: **315 Alameda Rd., K.C., Mo.** Date signed: **2/28/48**

Blair Shppard

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

Blair Shppard

Licensed Embalmer No. *4179*

P. O. Address *K.C. 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.