

Registration District No. 749

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 17 days
In this community 58 years (Specify whether years, months or days)

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. 2808 E. 24 St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Boyd

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1948 hour 4 minute 43 P.M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced, ~~W~~ Widowed

6. (b) Name of husband or wife FLAVIUS BOYD

6. (c) Age of husband or wife if alive 26 years (Month) April (Day) 26 (Year) 1860

7. Birth date of deceased: (Month) (Day) (Year)

I hereby certify that I attended the deceased from March 25 1948 to May 10 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 0 Days 14 If less than one day _____ min.

Immediate cause of death: Fibrosarcoma of right leg

Duration _____

9. Birthplace: Charleston, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

Due to _____

Due to _____

11. Industry or business _____

12. Name: William Cox

13. Birthplace: Intersum Ohio
(City, town, or county) (State or foreign country)

14. Maiden name: Maunah Thompson

15. Birthplace: Intersum Virginia
(City, town, or county) (State or foreign country)

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

Major findings: _____

Of operations: _____

Of autopsy: None

16. (a) Informant: Mrs. Catherine Russell

(b) Address: Denver Colorado

PHYSICIAN

Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof: May 12, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cem

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: _____

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? _____

18. (a) Signature of funeral director: Forest Hill Cem

(b) Address: 1401 Bush Creek, R.C.No.

19. (a) 5-12-48 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

(e) Means of injury: _____ (Specify type of place)

While at work? _____

23. Signature: Wm W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 5-11-48

Dr. Smith

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 Ray*.....

Licensed Embalmer No. *4182*.....

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.