

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26159**  
Registrar's No. **3140**

FILED AUG 26 1948  
Registration District No. **149**

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:  
**3827 BELLEFONTAINE AVENUE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **5 YEARS** years, months or days)

3. (a) PRINT FULL NAME **MRS. BYRDE BOYLE**  
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 **WIDOWED**  
6. (b) Name of husband or wife **MR. JAMES L. BOYLE**  
6. (c) Age of husband or wife if alive **XXX** years  
7. Birth date of deceased **DECEMBER-15-1868**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **7** Days **16**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **DUBUQUE IOWA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name **PATRICK McCANNIL**  
13. Birthplace **IRELAND**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY MEAD**  
15. Birthplace **IRELAND**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. RUTH F. BECKER**  
(b) Address **3827 BELLEFONTAINE AVE**

17. (a) **REMOVAL** (b) Date thereof **AUGUST 24 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **OMAHA, NEBRASKA**

18. (a) Signature of funeral director **O. H. Newcomer's sons**  
(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **8-2-48** (b) **Seraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**  
(a) State **MISSOURI** (b) County **JACKSON**  
(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3827 BELLEFONTAINE AVE**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **AUGUST** day **15<sup>th</sup>**  
year **1948** hour **11:15** minute **P.** M.  
21. I hereby certify that I attended the deceased from **Aug 1**, 1948, to **Aug 1**, 1948,  
that I last saw her alive on **aug 1**, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **8 days**  
Due to **Cerebral Arteriosclerosis** undet.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **830**  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **P. H. Stollen** (M. D. or \_\_\_\_\_)  
Address **1103 Grand Ave** Date signed **8-2-48**

9:45  
Reverend Hospital (week)

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**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 Kansas City, 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.**