

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8274

|                                                                                                                                                                                                                                 |  |                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                     |  |                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|----------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                 |  | REG. DIST. NO. <u>149</u>                                                                                           |  | PRIMARY REG. DIST. NO. <u>1002</u>                                                                                                                                                                                                                                                                                                                  |  | Registrar's No. <u>984</u>                                                          |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>                                                                                                                                                                                   |  |                                                                                                                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>                                                                                                                                                                                                         |  |                                                                                     |  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u>                                                                                                                              |  | c. LENGTH OF STAY (In this place)<br><u>26 YRS.</u>                                                                 |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u>                                                                                                                                                                                                                                                  |  | 48                                                                                  |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSP. No. 2</u>                                                                                                                                                              |  |                                                                                                                     |  | d. STREET ADDRESS (If rural, give location)<br><u>2118 HARRISON-ST.</u>                                                                                                                                                                                                                                                                             |  |                                                                                     |  |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                          |  | a. (First)                                                                                                          |  | b. (Middle)                                                                                                                                                                                                                                                                                                                                         |  | c. (Last)                                                                           |  |                                  |  |
| Beatrice IRBY Boyce                                                                                                                                                                                                             |  | Beatrice                                                                                                            |  | IRBY                                                                                                                                                                                                                                                                                                                                                |  | Boyce                                                                               |  |                                  |  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                              |  | 6. COLOR OR RACE <u>Colored</u>                                                                                     |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>                                                                                                                                                                                                                                                                            |  | 8. DATE OF BIRTH <u>July 6, 1890</u>                                                |  |                                  |  |
| 9. AGE (In years last birthday) <u>58</u>                                                                                                                                                                                       |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>      |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>                                                                                                                                                                                                                                                                                                    |  | 11. BIRTHPLACE (State or foreign country)<br><u>Memphis, Tenn.</u>                  |  |                                  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                                                                                                                   |  | 13a. FATHER'S NAME<br><u>William Thomas</u>                                                                         |  | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u>                                                                                                                                                                                                                                                                                                         |  | 14. NAME OF HUSBAND OR WIFE<br><u>John Boyce</u>                                    |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                                                                                           |  | 16. SOCIAL SECURITY NO.<br><u>No</u>                                                                                |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. BARBARA L. MARTIN 2215 E. 2</u>                                                                                                                                                                                                                                                                |  |                                                                                     |  |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  |                                                                                                                     |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>3° Burns 7/3</u><br>DUE TO (c) <u>Body Surface</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>fall</u> |  |                                                                                     |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Deputy Coroner</u>                                                           |  |                                                                                                                                                                                                                                                                                                                                                     |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Accident</u>                                                                                                                                                                     |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>2118 Harrison-st</u> |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>KANSAS CITY JACKSON-MO.</u>                                                                                                                                                                                                                                                                              |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>Feb. 28, 1949 4:30</u>        |  |                                  |  |
| 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>                                                                                                               |  | 21f. HOW DID INJURY OCCUR?<br><u>House fire - 2118 Harrison-st. (REAR)</u>                                          |  |                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                     |  |                                  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                     |  |                                  |  |
| 23a. SIGNATURE <u>A. E. Upsher</u>                                                                                                                                                                                              |  | A. E. Upsher (Degree or title)<br><u>MD</u>                                                                         |  | 23b. ADDRESS<br><u>2800 main</u>                                                                                                                                                                                                                                                                                                                    |  | 23c. DATE SIGNED<br><u>3/2/49</u>                                                   |  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIED</u>                                                                                                                                                                      |  | 24b. DATE<br><u>3/5/49</u>                                                                                          |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Lincoln</u>                                                                                                                                                                                                                                                                                                |  | 24d. LOCATION (City, town, or county) (State)<br><u>KANSAS CITY, MO.</u>            |  |                                  |  |
| DATE REC'D BY LOCAL REG.<br><u>3-3-49</u>                                                                                                                                                                                       |  | REGISTRAR'S SIGNATURE<br><u>Deraldine Holmes</u>                                                                    |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Leola Davis 1513 TROAST</u>                                                                                                                                                                                                                                                                          |  |                                                                                     |  |                                  |  |

(Licensed Embalmers' Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*L. E. Davis*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4417

P. O. Address 79. 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.