

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1035

86

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLAHOMA b. COUNTY Caddo					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 3 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hinton		8350			
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Rest Home				d. STREET ADDRESS (If rural, give location) NONE					
3. NAME OF DECEASED a. (First) Amanda			b. (Middle) J		c. (Last) Boston		4. DATE OF DEATH (Month) - (Day) (Year) January 6 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAY 2 - 1880		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 10 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) BRASHEAR Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME UNKNOWN BALDWIN			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND or wife Henry C. Boston				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Boston RFD #3 North Kansas City					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma with Metastases						INTERVAL BETWEEN ONSET AND DEATH 1 year		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Probably Uterine Origin								
	DUE TO (c)								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						172X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1-1-51, 19, to 1-6-51, 19, that I last saw the deceased alive on 1-6-51, 19, and that death occurred at 3:55 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Frank Paul Lauranzani (Name or title)				23b. ADDRESS 428 South White Ave		23c. DATE SIGNED 1-7-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 8, 1951	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI				
DATE REC'D BY LOCAL REG. 1-8-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1331 Brush Creek Blvd. Kansas City, Missouri					

(Licensed Embalmer's Statement on Reverse Side)

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

ICPI

NOV 19 1951

STATE OF KANSAS

DEPARTMENT OF HEALTH

EMBALMERS

**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.

Student .....  
Student Embalmer

Signed *Jess T. Deews*

Licensed Embalmer No. *4453*

P. O. Address *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.

RECEIVED NOV 19 1951  
EMBALMERS