

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8271
1360

State File No.

FILED APR 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>30 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>1334 E. 17th St</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1334 E. 17 (Home)</u> | | | |

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|---|---------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> b. (Middle) _____ c. (Last) <u>Boone</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March-20-1952</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>June-6-1868</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Fredricksburg, Va.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Hulet Graham</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Taylor Boone (Dec.)</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Annie Boone</u> ADDRESS <u>1334 E. 17 St</u> | |

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|---|--|--|--|----------------------------------|--|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sensility - natural causes</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis?</u> | | | |
| | | DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene Right Toe (Dry)</u> | | <u>45°</u> | |

| | | | | | |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 11/15 1951, to Mar 20 1952, that I last saw the deceased alive on Mar 20, 1952, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE <u>William M.A.</u> Degree or title _____ | | 23b. ADDRESS <u>1618 Lydia</u> | | 23c. DATE SIGNED <u>3/21/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar-25-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u> | |
| | | 24d. LOCATION (City, town, or county) <u>K.C., Missouri</u> | | (State) _____ | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>3-24-52</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>West Applton Jones</u> ADDRESS <u>K.C. Mo</u> | |
|---|--|--|--|---|--|

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

008

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 _____

Licensed Embalmer No. 2710

P. O. Address Rt. 770

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.