

Health,
Welfare
Public
Service

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
James E. Schultz

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31725

STATE FILE NUMBER

3936

Registration District No. 149 Primary Registration District 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 Kansas COUNTY Wyandotte | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) VA Hospital | | | Length of stay in lb 35 days | | d. STREET ADDRESS (If outside, give location) 404 Washington Blvd. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) ARCHIE | | | | First ARCHIE Middle BOYD Last BOYD | | 4. DATE OF DEATH August 19, 1957 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 9-25-26 | | 9. AGE (In years last birthday) 30 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed | | | 10b. KIND OF BUSINESS OR INDUSTRY Unemployed | 11. BIRTHPLACE (City and state or country) Saginaw, Michigan | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Archie Boyd | | | | 14. MOTHER'S MAIDEN NAME Dorothy McGill | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II | | 16. SOCIAL SECURITY NO. 515160887 | | 17. INFORMANT VA Hospital Official Records | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myelogenous leukemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2041 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION VA | | COUNTY | STATE |
| 21. I attended the deceased from July 15, 1957 to Aug. 19, 1957 Death occurred at 4:33 Pm on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>James E. Schultz</i> (Degree or title) | | | | 22b. ADDRESS VA Hospital, Kansas City, Mo. | | 22c. DATE SIGNED 8-19-57 | |
| 23a. BURIAL CREMATION, (Specify) | 23b. DATE 8/24/1957 | 23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery | | 23d. LOCATION (City, town, or county) Kansas City, Kansas | | (State) | |
| 24. FUNERAL DIRECTOR Mrs. J. W. Jones | | | ADDRESS 440 state ave | | 25. DATE RECD. BY LOCAL REG. 8-22-57 | | 26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i> |

K.C. Kansas

(Licensed Embalmer's Statement on Reverse Side)



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 Signature of Student Embalmer

Signed Eugene English

Licensed Embalmer No. 400

P. O. Address: 440 S. K. C. R.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.