

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

160-010812

FILED VS MAR 23 1960

149

Registration District No. Primary Registration District No. 1002

Registrar's No.

1266

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>45 Years</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp. #1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>806 Brooklyn</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Levi</u> Middle <u>Boston</u> Last <u>Boston</u>			4. DATE OF DEATH Month <u>2</u> Day <u>28</u> Year <u>60</u>		
--	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH (last birthday) <u>7/25/1894</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brackett and Co. Fine Bluff Ark.</u>	11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Levi Boston Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Mae Boston</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-07-0899</u>	17. INFORMANT <u>Julia Mae Boston 806 Brooklyn</u>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Generalized peritonitis</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<u>unknown cause</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>3:00</u> a.m. <u>A</u> Month, Day, Year <u>2-27-60</u>	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 <u>Cherry-R.O. Mo.</u> COUNTY STATE
---	--	--	---

21. I attended the deceased from <u>2-27-60</u> to <u>2-28-60</u> and last saw her/him alive on <u>2-28-60</u> Death occurred at <u>3:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE <u>H. Dwyer</u> (Degree or title)	22b. ADDRESS <u>2400 Cherry-R.O. Mo.</u>	22c. DATE SIGNED <u>3-2-60</u>
---	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/2/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pine Bluff Ark.</u>	23d. LOCATION (City, town, or county) (State) <u>Pine Bluff Ark.</u>
---	------------------------------	--	---

24. FUNERAL DIRECTOR <u>L. B. Davis R.C. Mo.</u> ADDRESS	DATE RECD. BY LOCAL REG. <u>3-3-60</u>	26. REGISTRAR'S SIGNATURE <u>new minshall</u>
---	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. Dwyer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *E. E. Davis*

Licensed Embalmer No. 4417

P. O. Address N.C. 9m

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.