

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21021  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. 1608 Poplar St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 2471

## 2. PRINT FULL NAME

Louisa P. Boren 650  
(a) Residence, No. 1608 Poplar St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morgan Boren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME Daniel Branson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Ann Paley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT (ADDRESS) Sylvia Huleany Detroit, Mich.18. BURIAL, CREMATION, OR REMOVAL PLACE Toneland Iowa DATE June 21, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose Henderson 15 S. Jackson20. FILED June 20, 1938 M. M. Cronin Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1938, to June 19, 1938Last saw her alive on June 19, 1938. Death is saidto have occurred on the date stated above, at 6:20 P.

The principal cause of death and related causes of importance were as follows:

Ch. Myocardial degeneration Date of onsetCh. Ischaemic hepatitisHypertension 131

Other contributory causes of importance:

SenilityName of operation none Date ofWhat test confirmed diagnosis? Chrom. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) D. D. ..., M. D.(Address) 4800 E. 74th St.

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**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**