

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 399

Primary Registration District No. 1008

Registrar's No. 4823

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Josephs Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 1/2 Days
50 YRS. (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME JOSEPH A. BOPPART 163

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Walker Boppart 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November 11, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>1</u>	<u>9</u>	hr. _____ min.

9. Birthplace Newport, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Greeting Card Shop

11. Industry or business _____

12. Name Adolph Boppart

13. Birthplace Zurich, Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Ann Curley

15. Birthplace Roscommon, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mary W. Boppart

(b) Address 5026 Grand

17. (a) Burial (b) Date thereof 12-22-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director J. C. ...

(b) Address B. C. ...

19. (a) Dec 21, 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 5026 Grand
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day Dec. year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 9, 1939 to Dec. 20, 1939;

that I last saw him alive on Dec. 20, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of the Heart Duration 10 1/2 hrs.

Due to Chronic Myocarditis 9 yrs.

Due to 126

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. John R. ... (M. D. or other) _____

Address 1402 ... Date signed _____

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 Maurice Quirk

Licensed Embalmer No. 2226

P. O. Address H. C., Mo.

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.