

Registration District No. **399**

Primary Registration District No. **1002**

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:  
**1103 Armour Blvd.**  
(If not in hospital or institution, write street number or location) **3**  
(d) Length of stay: In hospital or institution **3 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Robert Le Roy Bouldin**

3. (b) If veteran, name war **none**  
3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **September 18, 1936**  
(Month) (Day) (Year)

8. AGE: Years **3** Months **11** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Kansas City, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Joseph H. Bouldin**  
13. Birthplace **Wyoming**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Edith M. Danberg**  
15. Birthplace **Kansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Clarence L. White**  
(b) Address **5538 Virginia**

17. (a) **Burial** (b) Date thereof **9-16-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Freeman Mortuary**  
(b) Address **Kansas City, Missouri**

19. (a) **Sept. 16, 1940** (b) **M. M. Crowe**  
(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. **5538 Virginia**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day **9-14-40**  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **8:30 - 9:10 P.M.**  
that I was the physician who attended the deceased on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Status thymolymphaticus**

Due to **Death during ether anaesthesia**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **Yes**

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? **no** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_  
(Specify type of work) \_\_\_\_\_  
(Specify type of injury) \_\_\_\_\_

28. Signatur **M. M. Crowe** (M. D. or other)  
Address **K. C. Mo.** Date signed \_\_\_\_\_

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

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.

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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.....

*Clarence W. Childs*

Licensed Embalmer No.....

*3473*

P. O. Address.....

*76 E 5th St.*

**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.**