

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:
5427 Baltimore,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no. (Specify whether
 In this community 54 years,
 years, months or days)

3. (a) PRINT FULL NAME Van Fremont Boor,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 Widowed
 6. (b) Name of husband or wife Martha K. Boor, 6. (c) Age of husband or wife if alive dec. years
 7. Birth date of deceased June 26 1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 23 If less than one day hr. min.9. Birthplace Illinois, (City, town, or county) (State or foreign country)10. Usual occupation Realtor,11. Industry or business Real Estate,

MOTHER FATHER
 12. Name Emanuel Boor,
 13. Birthplace Pennsylvania, (City, town, or county) (State or foreign country)
 14. Maiden name Martha Van Buskirk, (City, town, or county) (State or foreign country)
 15. Birthplace Ohio, (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Boor,
 (b) Address Erie, Pennsylvania,
 17. (a) Burial, (b) Date thereof 11-22-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Pantheon,
 18. (a) Signature of funeral director Stine & McClure, 361
 (b) Address 3235 Gillham Plaza, Kansas City, Mo.
 19. (a) 11-22-40 (b) M. M. Brown
 (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. 5427 Baltimore,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th,
year 1940 hour 7:30 minute A. M.21. I hereby certify that I attended the deceased from Nov, 1940;
that I last saw h alive on, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Arteriosclerotic heart disease Duration

Due to _____

Due to _____ 95B

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Insipidum

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?

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

23. Signature [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed 11/22/40

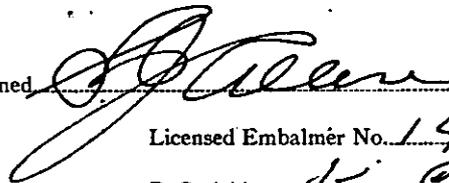
FILED DEC 27 1940

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. 1415-

P. O. Address K. E. 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.