No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941 399

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41269

Primary Registration District No. 1002

Registrar's No. 4662

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: 811 Linwood Blvd.,
(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: 7 years,
years, months or days)

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.: 811 Linwood Blvd.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME: Miss Emma M. Boone,

3. (b) If veteran, name war: no.

3. (c) Social Security No.: 500-14-0690

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: x

6. (c) Age of husband or wife if alive: x years

7. Birth date of deceased: April (Month) 11 (Day) 1882 (Year)

8. AGE: Years 58 Months 7 Days 26 If less than one day hr. min.

9. Birthplace: Missouri, (City, town, or county) O (State or foreign country)

10. Usual occupation: at home, O

11. Industry or business: x

FATHER
12. Name: Fleming H. Boone, O
13. Birthplace: Missouri, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Parlee Wilburn,
15. Birthplace: Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Eloise Wright,
(b) Address: 811 Linwood, Kansas City, Mo.

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof: 12-6-40 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Joseph, Mo.

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-8-40 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th, year 1940 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 11-29, 1940 12-5, 1940
that I last saw him alive on 12-4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia Bright's disease
Uremia, nephritis, nephritis

Due to: 31

Due to:

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

Major findings:
Of operations:

Of autopsy:

Duration

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

23. Signature: Chas. C. Mayo (M. D. or other)
Address: 723 Wright Bldg. Date signed: K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

MC

Dr. Chas. C. Montgomery.
Argyle Bldg
5335

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 E. M. Plank

Licensed Embalmer No. 1848.

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.