

FILED FEB 18 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 15

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:
6411 Jefferson,
(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 19 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. 6411 Jefferson,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Denmark, years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
year 1941 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 7, 1941 to Jan 1, 1941
that I last saw her alive on Jan 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis
Due to Peritonitis
Due to 50

Duration

6 wks

3 yrs

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

Major findings: Peritonitis
Of operations breast
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature Paul Stachura (M. D. or other)
Address 810 Professional Bldg Date signed 1/2/41

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

3. (a) PRINT FULL NAME Mrs. Lilly E. Boggess,

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

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

6. (b) Name of husband or wife M. M. Boggess, 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 1 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 9 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Denmark, (City, town, or county) (State or foreign country) 4

10. Usual occupation at home,

11. Industry or business X

12. Name Ignatz Fredricksen,

18. Birthplace Unknown, (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown,

15. Birthplace Unknown, (City, town, or county) (State or foreign country) 9

16. (a) Informant M. M. Boggess,

(b) Address 6411 Jefferson, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 1-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

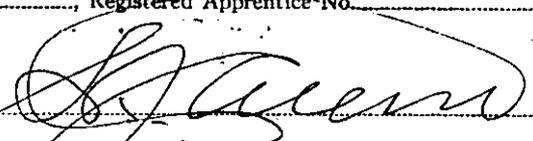
19. (a) Jan 3, 1941 (b) M. M. Boggess
(Date received local registrar) (Registrar's signature)

Dr. McClanahan,

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 19 C. Mc

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.