

No. 2  
4-13-40,  
5-17-39  
PI X23159

FILED APR 15 1941

State File No. ....

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1051

48  
23  
89  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan City Mo

(c) Name of hospital or institution: 2617 Prospect  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kan City Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 2617 Prospect (If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William E. Boner

3. (b) If veteran, # 496-09-4879 name war \_\_\_\_\_

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13  
year 1941 hour 5 minute A M.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Viola Boner

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug 18 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from FEB 3, 1941, to Mar 13, 1941; that I last saw him alive on Mar 13, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>6</u>	<u>25</u>	_____ hr. _____ min.

Immediate cause of death Lobar pneumonia Duration \_\_\_\_\_

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

Due to Influenza

10. Usual occupation Stone Mason

Due to 20

Other conditions (Include pregnancy within 3 months of death) 37

11. Industry or business Same

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name James Boner

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

14. Maiden name Amanda Mock

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

16. (a) Informant Mrs Viola Boner

(b) Address 2617 Prospect

17. (a) \_\_\_\_\_ (b) Date thereof 3/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Ray E Snow

(b) Address 2315

19. (a) 3/14 1941 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

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 2

23. Signature W. E. Boner (M. D. or other) DO

Address 2727 Prospect Date signed 3/14/41

**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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address. 2315 Fenway

**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, fact should be so stated above.**