

Registration District No. **1047** Primary Registration District No. **7871**

1. PLACE OF DEATH:

(a) County **Polk**  
(b) City or town **Fair Play**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Jerry A. Boggs**

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

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

6. (b) Name of husband or wife **Elizabeth** (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Oct. 2 1853**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**87 3 24** hr. min.

9. Birthplace **Graham, N.C.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Coal**

12. Name **Allen Boggs**

13. Birthplace **N.C.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Isley**

15. Birthplace **N.C.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr T.A. Boggs**

(b) Address **Fair Play, Mo.**

17. (a) **Burial** (b) Date thereof **3-28-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Mo.**

18. (a) Signature of funeral director **Walter Brown**

(b) Address **Fair Play, Mo.**

19. (a) **W. A. Brown** (b) **W. A. Brown**  
(Date received local authority) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Polk**  
(c) City or town **Fair Play**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **26**  
year **1941** hour **8.30** minutes **None** A. M.

21. I hereby certify that I attended the deceased from **Dead on arrival** to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Undetermined**  
**Probable appoplexy**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**

(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 **No** (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **Walter Brown** (M.D. or other \_\_\_\_\_)

Address **Fair Play, Mo.** Date signed \_\_\_\_\_

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

MOTHER FATHER

**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

*William B. Ewin*

Licensed Embalmer No. *3092*

P. O. Address *Baltimore, Md.*

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

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