

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3416

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: Home, 1929 Myrtle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 35 years
In this community 35 years
(Specify whether 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. 1929 Myrtle
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th,
year 1941 hour II minute 30 A.M.
21. I hereby certify that I attended the deceased from 1933
to Sept 11, 1941
that I last saw him alive on Sept 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration _____

Due to Chronic Myocarditis and Chronic Coronary Arteriosclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Good
Of operations _____
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)
(e) Means of injury _____
23. Signature Ralph Jerry M. D. M. D. or other _____
Address 4800 E 24 Date signed 9-14-41

3. (a) PRINT FULL NAME Margaret Ruth Boulden

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 15th 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name George Mascer

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

14. Maiden name Mary Landoue

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

16. (a) Informant Mrs Beridene Lynch

(b) Address 19 29 Myrtle

17. (a) Burial (b) Date thereof Sept 13th 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsville Mo

18. (a) Signature of funeral director Rose & Henderson

(b) Address Kansas City Mo

19. (a) 9/13/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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

18
3
8

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 *John B. Camp*
Licensed Embalmer No. *29155*
P. O. Address *W.C. 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, fact should be so stated above.