

No. 2
-13-40
17-39
X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37380

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4175

1. PLACE OF DEATH Jackson
 (a) County Kansas City
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of Hospital K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 In this community 7 months years, months or days)

3. (a) PRINT FULL NAME FRANK BOLEACH

3. (b) If veteran, name war. 3. (c) Social Security No. 487-18-1547

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

6. (b) Name of husband or wife Twilae Mae Boleach 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased October 30 1916
(City, town, or county) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>		<u>11</u>	
				hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business

12. Name Elmer Boleach

13. Birthplace Bluff Falls Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Helen Wierlock

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

16. (a) Informant Frank Mae Boleach
(b) Address 917 Paseo

17. (a) Removal (b) Date of removal Nov 13, 41
(Burial, cremation, or removal) (City or town) (County) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur M. Crow
(b) Address Cemetery

19. (a) 11-11-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City (If outside city or town limits, write "RURAL")
 (d) Street No. 917 Paseo (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th
year 1941 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from 11-10-41, 19... to 11-11-41, 19...
that I last saw him alive on 11-11-41, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema
 Due to
 Due to
 Other conditions 1118
 (Include pregnancy within 3 months of death)

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations
 Of autopsy See above

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. Signed Arthur M. Crow (M.D. or other) 0
 Address Gen. Hospital K.C. Mo Date signed

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

MOTHER FATHER

DEC 1 1948

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. 2560

P. O. Address 2315 Juniper

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4175

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days) 7 months

3. (a) PRINT FULL NAME Frank Boleach

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-18-1547

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

6. (b) Name of husband or wife Twila Mae Boleach 6. (c) Age of husband, or wife, if alive 23 years

7. Birth date of deceased October 30 1916
(Month) (Day) (Year)

8. AGE: Years 25 Months _____ Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name Elmer Boleach

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

14. Maiden name Helen Wheelock

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

16. (a) Informant Twila Mae Boleach

(b) Address Center, Mo.

17. (a) Burial (b) Date thereon Nov. 13, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director St. Luke's Center

(b) Address Center, Missouri

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits write "RURAL")
(d) Street No. 917 Paseo
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month Nov day 11
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTAL

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

S-37380