

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

Rev. 6-17-30
Form 1

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. _____

Registrar's No. 4305

37510

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 Northeast Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Rose Belle Boice

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 Married
 6. (b) Name of husband or wife Mr. Roy Boice 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased May 5 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Spicer
 13. Birthplace Covington Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Anglian Shubert
 15. Birthplace Shellville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Roy Boice
 (b) Address 4329 Spruce
 17. (a) Removal (b) Date thereof Nov. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Linville Cemetery Edina Missouri
 18. (a) Signature of funeral director W. H. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 11-21-41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 4329 Spruce Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th
 year 1941 hour 4 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from NOV 14
 _____, 1941, to NOV. 19, 1941;
 that I last saw her alive on NOV. 19, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
 Duration ?

Due to _____ 108
 Due to _____

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

Major findings: Of operations none
 Of autopsy none

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, 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 H. D. Muehleberg (M. D. or other) _____
 Address 2603 E. 31 Date signed 11/19/41

2603 East 31st Street

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address K. 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, above space should be left blank.