

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5215

State File No. _____

FILED MAR 9 1942
Registration District No. 289

Primary Registration District No. 1002

Registrar's No. 580

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

1. PLACE OF DEATH:

(a) County Jackson.
(b) City or town Kan. City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1314 St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kan. City
(If outside city or town limits, write "RURAL")
(d) Street No. 1314 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Martin L. Boger

3. (b) If veteran, name war No

3. (c) Social Security No. 496-01-2072

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5 year 1942
hour _____ minute 9 M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____

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

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

7. Birth date of deceased June 16-1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 22
If less than one day _____ hr. _____ min.

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

10. Usual occupation cook

11. Industry or business _____

MOTHER FATHER

12. Name Martin Boger

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

14. Maiden name Alice Bamford

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

16. (a) Informant Mrs M. L. Bogert

(b) Address 1424 - Helms St. Burial

17. (a) _____ (b) Date thereof 2/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High creek, Mo

18. (a) Signature of funeral director Johnson Funeral Home

(b) Address Walshy, Mo

19. (a) 2/10/42 (b) J. M. Browne
(Date received local registrar) (Registrar's signature)

that I last saw _____ to _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial

Due to Reflux of the Aorta

Due to Atherosclerosis of the

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

Major findings: Of operations 96

Of autopsy _____

Duration

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 Russell W. Jones (M. D. or other) _____

Address Kan. City Date signed _____

0111 60 1342

Ben Hoff
Receiving Hands

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..... *Henry Bergman*
Licensed Embalmer No..... *2041*
P. O. Address..... *Kan City, 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.