S. No. 2
M—5-42
r. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36112

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4164

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: 3326 E 18th Boulch (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 20 Years (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Jackson

(c) City or town: Kansas City Mo (If outside city or town limits, write "RURAL")

(d) Street No.: 3326 E 18th (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Richard M Boulch

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Pearl Boulch

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: Jan 13 (Month) (Day) 1873 (Year)

8. AGE: Years 69 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation: General Hauling

11. Industry or business:

FATHER 12. Name: Unknown

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

MOTHER 14. Maiden name: Unknown

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

16. (a) Informant: Roy Boulch

(b) Address: 3807 E 12th ST Ter

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 10 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Mound Grove Lndp

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

(b) Address: K C Mo

19. (a) 11-9-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 8 day 1942 year hour minute M.

21. I hereby certify that I attended the deceased from Deputy Coroner 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: Coronary sclerosis Hypertrophy & Dilatation of heart. — Duration

Due to: 9 Sec

Due to:

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

Major findings: Deputy Coroner

Of operations:

Of autopsy: Above

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: A. E. Upsher M.D. (M. D. or other)

Address: 23rd McCoy Q. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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.....L. E. Henderson.....

Licensed Embalmer No.....3657.....

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, fact should be so stated above.