

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Kansas**
 (b) City or town **Kansas city**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St Marys Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 weeks**
(Specify whether
 In this community **3 weeks**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Johnson**
 (c) City or town **Lenexa**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Rural Route 1**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country **2**

3. (a) PRINT FULL NAME **Victor Bouley**

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 **Mrs Marie Bouley** 6. (c) Age of husband or wife if alive **63** years
 7. Birth date of deceased **Aug 5 1880**
(Month) (Day) (Year)

8. AGE: Years **62** Months **5** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **unknown** **Belgium**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **Felery Bouley**
 13. Birthplace **unknown** **Belgium**
(City, town, or county) (State or foreign country)
 14. Maiden name **Louise De Grande**
 15. Birthplace **unknown** **Belgium**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Bouley**
 (b) Address **Lenexa Kansas**
 17. (a) **Removal** (b) Date thereof **2-2-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lenexa Kansas**

18. (a) Signature of funeral director **Wilbur N Hoge**
 (b) Address **Greenland Park Kans**

19. (a) **2-2-43** (b) **M. M. O'rome**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **1** year **1943** hour **1** minute **30 P.** M.
 21. I hereby certify that I attended the deceased from **January 11 1943** to **February 1 1943**
 that I last saw him alive on **February 1 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **interstitial obstruction**
 Due to **metastatic carcinoma from carcinoma primary in rectum**
 Other conditions **4605**
(Include pregnancy within 3 months of death)

Duration

Major findings:

Of operations _____
 Of autopsy _____
 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 **William H. Hoge** (M. D. or other) **N. M. D.**
 Address **612 Prof Bldg** Date signed **2-2-43**

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

26 1987

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. 7810

P. O. Address. 176 me.

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.