

D AUG 11 1943

Registration District No. **149**

Primary Registration District No. **1002**

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:
609 East 74th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **42 Years** (Specify whether years, months or days)

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. **609 East 74th Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: **--**

3. (a) PRINT FULL NAME **Mr. Wray F. Boucher**

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

3. (c) Social Security No. **487-07-3012** 20. DATE OF DEATH: Month **July** day **26th** year **1943** hour **1** minute **30 A.** M.

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

6. (b) Name of husband or wife **Mrs. Babe Boucher** 6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **August 22 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 11 4 hr. min.

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

10. Usual occupation **Manager**

11. Industry or business **Clark The Hatter-12th & Baltimore**

12. Name **William Boucher**

13. Birthplace **Ottumwa Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Elna W Thorpe**

15. Birthplace **Oshtemo Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Babe Boucher**
(b) Address **609 East 74th Street**

17. (a) **Burial** (b) Date thereof **July 28, 1943**
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial of cremation **Mt. Hope Cemetery Kansas City, Kansas**

18. (a) Signature of funeral director **D. E. Brown**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-27-43** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26th** year **1943** hour **1** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Cornell** to **1943** and that I last saw him **alive on** **1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary thrombosis**

Due to **94a**

Other conditions **(Include those within 3 months of death)**

Major findings: Of operations **See above**
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. Signature **D. E. Brown** (M. D. or other) **3**
Address **K.C. Mo.** Date signed **7/26/43**

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

MOTHER FATHER

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

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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..... *K. C. Mc...*
Licensed Embalmer No. *4043*
P. O. Address..... *K. C. Mc...*

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.