

FILED FEB 10 1944

Primary Registration District No. 1007

Registrar's No. 494

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
 In this community 25 years

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. 3908 E. 12 St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country no

3. (a) PRINT FULL NAME John Boch L

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 3rd 1875
 7. Birth date of deceased May 3rd 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days I If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Boch
 13. Birthplace Germany (City, town, or county) (State or foreign country) 4
 14. Maiden name Martha Bishop
 15. Birthplace Illinois (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Buleah Roberts
 (b) Address 3215 E. 11th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9th 1944
(Month) (Day) (Year)
 (c) Place: burial or cremation Taberville Mo

18. (a) Signature of funeral director Eylar Funeral Home
 (b) Address 1800 Linwood Blvd

19. (a) 1-31-44 (Date received local registrar) (b) FE Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
 year 1944 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from January 1, 1944 to January 4, 1944
 that I last saw him alive on January 4, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

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

Major findings:

Of operations _____
 Of autopsy 94a

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) (c) Means of injury _____

23. Signature A. E. Wisher (M. D., Public Health Officer)
 Address Med. Dir. Gen'l Hosp. 1-4-44 Date signed _____

USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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.....

Chas Wells

Licensed Embalmer No.....

2644

P. O. Address.....

1800 Linwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.