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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1241

State File No. _____

FILED FEB 10 1949

Primary Registration District No. 100v

Registrar's No. 495

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: Childrens' Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 Days
(Specify whether years, months or days)

In this community 43 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte ⁸³

(c) City or town Weston, Mo.
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Boster, William

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased: 12 (Month) 18 (Day) 43 (Year)

8. AGE: Years _____ Months 1 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name William H. Boster

13. Birthplace Kentucky (City, town, or county) (State or foreign country) 0

14. Maiden name Estes, Mary Alice

15. Birthplace Platte Co. Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Tag Records

(b) Address M. C. Mo

17. (a) Burial (b) Date thereof Feb. 1 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weston Mo

18. (a) Signature of funeral director W. R. Vaughan

(b) Address Weston Mo

19. (a) 1-31-44 (b) T. E. Brown
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30
year 1944 hour 10 minute 10/P. M.

21. I hereby certify that I attended the deceased from 12-19-43, 19____, to 1-30-44, 19____, that I last saw him alive on 1-30 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 159

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 H. M. Gentry (M. D. or other) _____
Address 1624 Prof. Date signed _____

WHILE PRINTING 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 W. B. Vaughn

Licensed Embalmer No. 14023

P. O. Address Wester

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.