

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

FILED MAR 6 1944

State File No. \_\_\_\_\_

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 757

**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:  
General Hospt. 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hr. (Specify whether)

In this community 2 yrs. (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Jackson

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

(d) Street No. 2446 Chestnut  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Thomas LeRoy Boan

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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 Aug. 17, 1941  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 15, 1944  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>2</u>	<u>5</u>	<u>28</u>	_____ hr. _____ min.

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
+ Of operations \_\_\_\_\_

Of autopsy See above 107

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? \_\_\_\_\_

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

10. Usual occupation Child

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Ross Boan

13. Birthplace Elden Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Roberta Hutchens

15. Birthplace K. C. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ross Boan

(b) Address 2446 Chestnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem.

22. (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? \_\_\_\_\_

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

19. (a) 2-16-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

23. Signature H. E. Upsher (M. D. or other) 2/18/44  
Address 22 W. 1st St. Co. Date signed \_\_\_\_\_

WRITE PLAINLY—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.....

*Francis Walter*

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....

*J. H. Pughman*

Licensed Embalmer No. *2744*

P. O. Address. *K-P. 2nd*

**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.**