

No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16929

State File No. _____

FILED MAY 25 1944
Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2158

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hours
(Specify whether
In this community 2 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2526 West 47th Terrace K.E.K.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Biana Welby BOUGHTON.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from pathologist, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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 May 17th 1944
(Month) (Day) (Year)

Immediate cause of death Prematurity Hemorrhage into the meninges of brain
Due to Caused unknown

Due to _____

8. AGE: Years Months Days If less than one day
000 000 000 2 hr. _____ min.

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

Major findings: _____

Of operations _____

Of autopsy _____

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

10. Usual occupation Infant

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Welby E. Boughton

13. Birthplace East Hampton New York
(City, town, or county) (State or foreign country)

14. Maiden name Constance Douglas

15. Birthplace New York
(City, town, or county) (State or foreign country)

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 A.B. Sinclair (M. D. or other) _____
brain removed, M.D. Date signed _____

16. (a) Informant Welby E. Boughton

(b) Address 2526 West 47th Terrace K.C.K.

17. (a) Burial (b) Date thereof 5/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Melody-McGilley

(b) Address K.C.Mo.

19. (a) 5-19-44 (b) N.E. Brown
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

Pathologist, St. Joseph Hosp., K.C., Mo.

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.....
.....; Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 2999

P. O. Address KC

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.