

FILED JUL 21 1944  
Registration District No. 272

Primary Registration District No. 1000

Registrar's No. 730

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
906 N 9th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 22 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 906 N 9th  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gilbert E. Boe

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1944 hour 9 minute \_\_\_\_\_ A.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Goldie

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 2 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/24 1944 to 7/11 1944  
that I last saw him alive on 7/11 1944  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>0</u>	<u>9</u>	hr. min.

Immediate cause of death: myocardial infarct Duration 1 yr.

Due to arterio-sclerosis & hypertension ? yrs.

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

9. Birthplace Sacred Heart Missal  
(City, town, or county) (State or foreign country)

10. Usual occupation Warehouse Mgr

Other conditions Purpura hemorrhagica  
(Include pregnancy within 3 months of death)

11. Industry or business Penn Oil & supply Co

MOTHER FATHER {

12. Name Unknown

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_ (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: none

Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Goldie Boe

(b) Address St Joseph Mo

17. (a) Burial (b) Date thereof 7-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (c) Signature of funeral director Fleeman & son Inc

(b) Address St Joseph, Mo.

19. (a) 7-14-44 (b) Helen J. Peckle  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature G. T. Fleeman (M. D. or other) \_\_\_\_\_

Address 1218 N. 3rd St. Date signed 7/13/44

MAY 10 1954

JAN 22 1945

**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.....

*Robert H. Apple*

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

**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.**