V. S. No. 2
100M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30009

FILED SEP 22 1944

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3585

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: 413 Myrtle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 31 years
years, months or days)

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. 413 Myrtle
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ESTHER ELIZABETH BOARDMAN

3. (b) If veteran, name war No

3. (c) Social Security No. 487-05-2091

4. Sex Fe. 1

5. Color or race White

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

6. (b) Name of husband or wife Frank

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Feb. 11, 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	6	21	hr. min.

9. Birthplace Nora Sweden (City, town, or county) 4 (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business Retired

FATHER
12. Name Mr. Boquist
13. Birthplace Sweden 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Sweden 4 (City, town, or county) (State or foreign country)

16. (a) Informant Frank Boardman
(b) Address 413 Myrtle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Inc

18. (a) Signature of funeral director C. H. Blackman & Son,
(b) Address Kansas City, Mo.

19. (a) 9-5-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 27, 1944, to Sept 2, 1944; that I last saw he alive on Sept 2, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
uremia	5 days
Due to chronic interstitial nephritis	1 yr
Due to Hypertension	8 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131 a	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature George H Moreland (M. D. or other) MD
Address 5320 Professional Bldg Date signed 9-5-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. Moreland
Professional Bldg.
Eastwood Junction

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.