

State File No.

FILED SEP 22 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3586

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

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:
2525 Chestnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EMMA S. BOOE

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Armor C. Booe

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 27 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>7</u>	<u>8</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Peter Rapp

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

14. Maiden name Unknown

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

16. (a) Informant Armor C. Booe

(b) Address 2525 Chestnut K. C. Mo.

17. (a) Removal (b) Date thereof 9-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humbolt Kans

18. (a) Signature of funeral director W. C. Carson

(b) Address Independence Mo

19. (a) 9-5-44 (b) T. E. Brown (W3)
(Date received local registrar) (Registrar's signature)

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. 2525 Chestnut
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
year 1944 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 1, 1944 to Sept 5, 1944
that I last saw her alive on Sept 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia (lobar)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 108

Of operations

Of autopsy

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?

White at work? (Specify type of place)

23. Signature P. W. Higgins (M. D. or other)

Address Buckner Mo Date signed 9/5/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Floyd C. Benson

Licensed Embalmer No. *4499*

P. O. Address *Indpls 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.