

FILED DEC 9 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4793

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ostenathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)
In this community 45 Years

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. 2376 East 49th.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Armor C. Booe

3. (b) If veteran, name war

None

3. (c) Social Security No.

510-16-790

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased January 21, 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 6 If less than one day hr. min.

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

10. Usual occupation Carpenter Contractor

11. Industry or business Fielder

12. Name Filden I. Booe

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

14. Maiden name Martha Bell

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

16. (a) Informant Mrs Pearl Cocoran

(b) Address 2376 East 49 th. K. C. Mo.

(a) Removal (b) Date thereof 11-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humboldt, Kansas

18. (c) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 11-28-44 (b) McE. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27
year 1944 hour 9 minute 30 A.M.

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

Immediate cause of death Left coronary occlusion
Due to Arterio-sclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy above

Duration

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 A. H. Higgins (M. D. or other) DO
Address Buckner Mo Date signed 11-27-44

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

OTHER POWER
Cocoran
8-27-44

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. Carson

Licensed Embalmer No. *4199*

P. O. Address *Independence, 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. }
County of Jackson } ss.

State File No. _____
Local Registrar's No. 4798

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of Jan, 1945, before me appears Mrs Pearl Cocoran, who, upon her oath, states that the original record ~~of~~ for Arnar C. Boae died Nov. 27 ~~born~~, 1944 in the State of Missouri, and which was filed at R.C. on 11-28, 1944 should be corrected as follows:

Item No. 12 should read Fielden, J. Boae

Instead of Fielden J. Boae

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Mrs Pearl Cocoran wife Relationship wife

X 2336 E-49th
Present Address.

Subscribed and sworn to before me this 3rd day of Jan, 1945

My Commission expires Oct. 20, 1947 Carrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1944

S-36623