

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36763  
Registrar's No. 4563

FILED DEC 4 1944  
Registration District No. 149

Primary Registration District No. 1002

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: MAJOR CLINIC  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-MONTH  
(Specify whether)

In this community 24 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. 6639 BROADMOOR ROAD  
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. IDA VERA BOESCH HILES

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 WIDOWED

6. (b) Name of husband or wife MR. WILLIAM F. HILES

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

7. Birth date of deceased SEPTEMBER 1 - 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 2 10 hr. min.

9. Birthplace RICHMOND INDIANA  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business -----

MOTHER FATHER { 12. Name FRANK BOESCH

{ 13. Birthplace RICHMOND INDIANA  
(City, town, or county) (State or foreign country)

{ 14. Maiden name ELIZABETH BRITTHOLLY

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

16. Informant W. H. Newcomer

17. (a) Address 664 W. Broadway

17. (a) BURIAL (b) Date thereof NOV. 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director W. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-13-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11<sup>th</sup>  
year 1944 hour Twelve minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct. 1st, 1944, to Nov. 11<sup>th</sup>, 1944;  
that I last saw her alive on Nov 11<sup>th</sup>, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion very sudden

Due to Cerebral Thrombosis since June 1944

Due to Sinitis with cerebral arteriosclerosis with

Other conditions hypertension several yrs

(Include pregnancy with months of death)

Major findings: Of operations -----

Of autopsy 940

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? -----

While at work? ----- (Specify type of place)

(e) Means of injury -----

23. Signature Hannon S. Major (M. D. or other)

Address 3100 Anclut out. Kopsen lot Date signed 11/14/44

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**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. *4046*

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.**