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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39991

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4896

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: K.C.General Hospital No.1 (If not in hospital or institution, write street number or location)

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

In this community 36 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1222 Jefferson (If rural, give location) 8

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

If yes, name country U

3. (a) PRINT FULL NAME William Bogert

3. (b) If veteran, name war no

3. (c) Social Security No. 496-16-1753

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced W. 4

6. (b) Name of husband or wife alice

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

7. Birth date of deceased July (Month) 30 (Day) 1876 (Year)

8. AGE: Years 69 ✓ Months 4 Days If less than one day hr. min.

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

10. Usual occupation Autotrimmer

11. Industry or business W.E. Booth Co

FATHER
12. Name George Bogert
13. Birthplace no record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Son - William

(b) Address 2900 E 21st

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 6 (Day) 44 (Year)

(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director Snow - Mayberry

(b) Address K. C. Mo

19. (a) 12-5-44 (Date received local registrar) (b) T. E. Brown Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd year 1944 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from 12-1-44, 19__, to 12-2-1944, 19__; that I last saw him alive on 12-2-1944, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia due to circulatory Failure	
Due to Lobar pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 10 8

Of autopsy None

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. E. Upsher O (M. D. or other) M.D.

Address Med.Dir.K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Roy E Snow.....

Licensed Embalmer No.....2560.....

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.