

FILED JAN 4 1945

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5209**

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: 1325 6th
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: 6 weeks in hospital or institution. (Specify whether
in this community 6 weeks years, months or days)

3. (a) PRINT FULL NAME

Harvey M. Boling

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex SM

5. Color or race wh

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

7. (b) Name of husband or wife Matilda Boling

6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased Jan 12 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days +88 If less than one day hr. min.

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

10. Usual occupation Farmer Retired

11. Industry or business

12. Name Edwin Boling

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

14. Maiden name Elizabeth Boling

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

16. (a) Informant Edwin Boling

(b) Address 1325 6th

17. (a) Removal Removal (b) Date thereof Dec 29-44
(Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation Barnes Rd

18. (a) Signature of funeral director Mr CR Foster

(b) Address 918 Brooklyn

19. (a) 12-22-44 (b) P. E. Brown
(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. 1325 6th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) no
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1944 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 6 1944 to Dec 20 1944
that I last saw him alive on Dec 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Due to Cause Unknown

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: no surgery

Of autopsy none

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) (c) Nature of injury

23. Signature Dr. J. H. Brown (Physician or other) no
Address 4316 P 9th K.C. Mo Date signed 12-21-44

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

MOTHER FATHER

4/21/68 - 2 - 9
J. J. ...

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 Le H. Nise

Licensed Embalmer No. 2570

P. O. Address 1107 MD

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.