V. S. No. 2
100M—5-43
Rev. 5-17-39
No. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

Registration District No. 1846

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12035

Primary Registration District No. 1002

Registrar's No. 1846

48 3 8

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: Health Center 1802 East 31
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (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. 16 East 34th St Terr
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME Eugene E. Bourque

3. (b) If veteran, name war no

3. (c) Social Security No. 500-22-1383

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Metta Bourque

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 7th (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
73	10	17	hr. min.

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

10. Usual occupation Lock Smith

11. Industry or business

FATHER
12. Name William Bourque
13. Birthplace Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jack H. Bourque
(b) Address 2501 East 68th St Terr

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Blvd K.C. MO

19. (a) 4-25-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 24 year 1945 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Apr. 21 1945, to Apr. 24 1945; that I last saw him alive on Apr. 24-1945, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis

Due to: Diabetes

Due to:

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings: Of operations none. Of autopsy none

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 R. P. Miller (M. D. or other)

Address 1400 A. East 31st Date signed 4/24/45

(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 Chas. E. Wilks

Licensed Embalmer No. 9644

P. O. Address Kansas City

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.