

Registration District No. 179

Primary Registration District No. 1002

Registrar's No.

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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-8-45-5-15-45
6 Yrs. (Specify whether years, months or days)
In this community

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. No unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT JACK BOISE
FULL NAME

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 30 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>10</u>	<u>15</u>	hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name Bud Boise
13. Birthplace unknown 4
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-45
(Month) (Day) (Year)
(c) Place: burial or cremation Gen Hosp #2

18. (a) Signature of funeral director Wm A Holmes while at work? (Specify type of place)
(b) Address City Practitioner (c) Means of injury

19. (a) 5-22-45 (Date received local registrar) (b) Wm A Holmes (Registrar's signature) Address Gen Hosp #2 - 608 E 22 Date signed 5-15-45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 15 day
year 1945 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from May 8 1945 to May 15 1945
that I last saw him alive on May 15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease with Decompensation
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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?

23. Signature Wm A Holmes (M. D. or other) Address Gen Hosp #2 - 608 E 22 Date signed 5-15-45

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

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wm A. Johnson

Licensed Embalmer No. *3089*

P. O. Address. *15 E. 110*

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.