

**FILED FEB 7 1946**

Registration District No. **27**

Primary Registration District No. **1002**

Registrar's No. **348**

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:  
**6411 Jefferson,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no.**  
**2 1/2 years** (Specify whether  
In this community **no.**  
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. **6411 Jefferson,**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Narnie Clardy Boggess**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **No.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **M. M. Boggess** 6. (c) Age of husband or wife if alive **unknown** years  
7. Birth date of deceased **September 3 1896**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**49 4 16** hr. min.

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

10. Usual occupation **at home,**

11. Industry or business **X**

12. Name **unknown,**  
13. Birthplace **unknown,**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown,**  
15. Birthplace **unknown,**  
(City, town, or county) (State or foreign country)

16. (a) Informant **M. M. Boggess,**

(b) Address **6411 Jefferson, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **1-23-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn, Clardy, Mo.**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **1-23-46** (b) **Genevieve Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **19**  
year **1946** hour **6:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **October 16**  
**1945** to **Jan. 19, 1946** 19.....

that I last saw her alive on **Jan. 19, 1946** 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration

Due to **malignant hypertension**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations **none** 8361

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?

(e) While at work?..... (Specify type of place)

(f) Means of injury.....

23. Signature **G. M. [Signature]** (M. D. or Other)

Address **A. C. [Signature]** Date signed.....

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

845

Prof. Bledy  
11/20

915

Dr. Osgood

APR 1 1946  
MAR 29 1945

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 *S. J. Allen*  
Licensed Embalmer No. *1415*  
P. O. Address *19 E. 17th*

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.