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FILED APR 22 1946
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State File No. _____
Registrar's No. **1694**

Registration District No. _____ Primary Registration District No. **1002**

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: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 hours** (Specify whether years, months or days)
In this community **4 hours**

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. **2726 Tracy** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: **Sharon Margaret Boetzer**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**
4. Sex **female** 5. Color or **white**
6. (a) Single, widowed, married, divorced **infant**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 9 1946**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **9**
year **1946** hour **4:00** minute **A.** M.
21. I hereby certify that I attended the deceased from **April 9th** 1946 to **April 9, 1946**
that I last saw her alive on **April 9, 1946**
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day **4 hrs - min.**
9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

Immediate cause of death **Pranature infant**
Due to **respiration**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name **Fred Boetzer**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Alice S. Letz**
15. Birthplace **Wisconsin**
(City, town, or county) (State or foreign country)
16. (a) Informant **Fred Boetzer**
(b) Address **2726 Tracy St. Mo.**
17. (a) **burial** (b) Date thereof **4-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cem.**
18. (a) Signature of funeral director **Stinson**
(b) Address **3235 Sullham Blvd. Mo.**
19. (a) **4-10-46** (b) **Stalding**
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (a) Means of injury: _____
23. Signature **Harold A. Pallett** (M. D. or other) **MD**
Address **1132 P. of Bldg.** Date signed **4/10/46**
H.C. Pallett

Dr. Harold Patton
Prop. B.C.C.G.

1900, 1915, No. 2

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 E. M. Plouck

Licensed Embalmer No. 1848

P. O. Address. H. 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.