

S. No. 2
M-5-43
v. 5-17-39
I X36871

State File No. 16549
Registrar's No. 2296

FILED JUN 3 1946
Registration District No. 149

Primary Registration District No. 1002

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

15431

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:
700 1/2 E. 31 St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 55 Years
years, months or days

3. (a) PRINT FULL NAME Chester E. Boardman
 3. (b) If veteran, No name war _____
 3. (c) Social Security No. 487-05-6559

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ivah Frances
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 19 1881
(Month) (Day) (Year)

8. AGE: Years 54 55 Months 8 Days 4
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business _____
12. Name Henry A. Boardman
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Carrie A Marks
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Boardman
(b) Address 6214 E. 36th

17. (a) Burial Union Cemetery
(Burial, cremation, or removal) **(b) Date thereof** May 24, 46
(Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Quack & Tobin Co.
(b) Address 20 W. Linwood

19. (a) 5-23-46 **(b)** Geraldine Holman
(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. 700 1/2 E. 31 St.
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22
 year 1946 hour 6:02 minute a M.

21. I hereby certify that I attended the deceased from known 19____ to _____ 19____
 that I last saw h_____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary sclerosis
 Due to Arteriosclerosis
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 9/4a
Major findings:
 . Of operations _____

Of autopsy no
Histology & Impression

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) (e) Means of injury
23. Signature J. J. [unclear] (M. D. or other)
Address 1824 1/2 [unclear] **Date signed** 5-22-46

Duration

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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, ~~and~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Howard W. Farmer*.....

Licensed Embalmer No. *4134*.....

P. O. Address. *Kansas City, 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.