

FILED AUG / 5 1946

Registration District No.

Primary Registration District No. 3012

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Balls Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution yes (Specify whether
In this community 5 days (Specify whether
years, months or days)

3. (a) PRINT FULL NAME WILHELMINA C. BOOSMAN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank Boosman 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April 26, 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 17 If less than one day
hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Peter Mulder
13. Birthplace unknown Holland
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmine Nielsen
15. Birthplace Hamburg Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John B. Abbott
(b) Address Bethany, Oklahoma

17. (a) Removal (b) Date thereof 7/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director Virgil Kopf

(b) Address Excelsior Springs Mo

19. (a) 7/25/46 (b) Caroline Witting
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Oklahoma
(c) City or town Oklahoma City
(If outside city or town limits, write "RURAL")
(d) Street No. 3800 Key Place (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1946 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 8th 1946 to July 13 1946
that I last saw her alive on July 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrostatic Pneumonia Duration 5 days
Due to Cerebral Hemorrhage

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.C. Purman (M.D. or other) _____
Address 210 - E. Broadway (Ball Clinic) Date signed 7-13-46

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

24

21885

RECEIVED

District Health Officer No. 8,

AUG 19 1916

District File Number.....

Date Filed 8-3-16

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 Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Geelsies Spring, 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.