V. S. No. 2
00M—5-43
Rev. 5-17-39
No. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27020

FILED AUG 19 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3365

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

25882

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 No. 1 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos. 3 days (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3624 Central 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Geneva C. Boone
3. (b) If veteran, name war no.
3. (c) Social Security No. 496-01-3119
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife T. R. Boone
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased February (Month) 19 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
45	5	15/4	hr. min.

9. Birthplace Kansas (City, town, or county) / (State or foreign country)
10. Usual occupation Cosmetic Clerk
11. Industry or business Drugs
FATHER 12. Name Andrew E. Meade
13. Birthplace New York / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Addie Bell
15. Birthplace Illinois / (City, town, or county) (State or foreign country)
16. (a) Informant William L. Wimer
(b) Address 3227 McGee, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 8-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1946 hour 4 minute 55 A. M.
21. I hereby certify that I attended the deceased from March 30, 1946, to Aug. 3, 1946; that I last saw her alive on Aug. 3, 1946; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Posterior fossa intracranial tumor, left
Due to (cancer (malignant))
Due to
Other conditions (Include pregnancy within 3 months of death) 54 b
Major findings:
Of operations
Of autopsy See above

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

23. Signature Wm. W. Hart (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 8-3-46

(Licensed Embalmer's Statement on Reverse Side)

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 J. Clair Shuppard

Licensed Embalmer No. 4179

P. O. Address K. 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.