

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33451

State File No. _____
Registrar's No. 4526

Registration District No. 149

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: Trinity Lutheran Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 38 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1924 West 37th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie R. Boggess
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 29
year 1946 hour 3:45 PM minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____;
Pat Hoggess
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Fe./ 5. Color or race Wh.
6. (a) Single, widowed married, divorced _____
6. (b) Name of husband or wife Ben Boggess
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 26 1878
(Month) (Day) (Year)

Immediate cause of death Coronary arteriosclerosis
Due to diabetes mellitus

8. AGE: Years Months Days If less than one day
68 9 3 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) wt
Major findings: Of operations _____
Of autopsy above

9. Birthplace Wood Hall Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name John August Fischer

13. Birthplace no record Germany
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Peterson

15. Birthplace no record Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Boggess

(b) Address 1924 W. 37th. St.

17. (a) Burial (b) Date thereof Nov. 1. 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kans.

19. (a) 10-31-46 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

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 1
23. Signature Pat Hoggess (M. D. or other) M. B.
Address Trinity Lutheran Hosp. Date signed 30 Oct 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *D Ross Blanford*
Licensed Embalmer No. *4015*
P. O. Address *714 State Lane*

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.