

Registered with File No. **FILED APR 14 1947**

Primary Registration District No. **1001**

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: **General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 days**
(Specify whether
In this community **22 years**
years, months or days)

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. **7051 Cleveland**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Noah A. Boolin**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **496-03-2680**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **3**
year **1947** hour **5** minute **15 P.M.**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mildred Boolin**
6. (c) Age of husband or wife if alive **35** years
7. Birth date of deceased **Feb 8 1905**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 25 1947 to April 3 1947**
that I last saw him alive on **April 3 1947**
and that death occurred on the date and hour stated above.

8. AGE: Years **42** Months **1** Days **25**
If less than one day hr. min.

Immediate cause of death **Tumor of brain (Type unknown)**
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **None**

9. Birthplace **Mo. D**
(City, town, or county) (State or foreign country)
10. Usual occupation **Saboteur Foreman**

Duration
Physician
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **John W. Boolin**
13. Birthplace **Mo D**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Sanderson**
15. Birthplace **Mo D**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mildred Boolin**
(b) Address **7051 Cleveland**
17. (a) Burial (b) Date thereof **4/13/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Lawn Cem**
18. (a) Signature of funeral director **Carroll - Parde**
(b) Address **3024 Trenton**
19. (a) 4-5-47 (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **Wm W Hart** (M. D. or other) **MD**
Address **Med. Dir. Gen'l Hosp** Date signed

AUG 30 1956

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 John W. Laybourne
Licensed Embalmer No. 1715

P. O. Address James 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.