

Registration District No. **179**

Primary Registration District No. **1002**

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. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 DAYS**
In this community **24 YRS.**
(Specify whether 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. **1226 PASEO**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **11**

3. (a) PRINT FULL NAME **IKE BOONE**

3. (b) If veteran, name war **NA** 3. (c) Social Security No. **unknown**

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **VERNA BOONE** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **JUNE 28, 1907**
(Month) (Day) (Year)

8. AGE: Years **40** Months **4** Days **18** If less than one day hr. min.

9. Birthplace **YAZOO MISSISSIPPI**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business

12. Name **IKE BOONE SR.**
13. Birthplace **YAZOO MISSISSIPPI**
(City, town, or county) (State or foreign country)

14. Maiden name **LITTLE DIXON**
15. Birthplace **YAZOO MISSISSIPPI**
(City, town, or county) (State or foreign country)

16. (a) Informant **VERNA BOONE (WIFE)**

(b) Address **1226 PASEO**

17. (a) **Burial** (b) Date thereof **11-21-49**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery West. Appleton & Florida @ 11th**

18. (a) Signature of funeral director **[Signature]**

(b) Address

19. (a) **11-19-47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **NOVEMBER** day **16,** year **1947** hour **2:** minute **55 A. M.**

21. I hereby certify that I attended the deceased from **OCTOBER 22,** 19**47** to **NOVEMBER 16,** 19**47**, and that death occurred in the date and hour stated above.

Immediate cause of death: **1. ACUTE MILD MYOCARDIO INFARCTION WITH MURAL THROMBUS** Duration

2. ACUTE PULMONARY THROMBOSIS WITH INFARCTION

3. CEREBRAL EMBOLISM

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94a** PHYSICIAN

Of autopsy: **SAME AS ABOVE**

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 **0**

23. Signature **[Signature]** M.D. or other **M.D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **11/17/49**

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

MOTHER FATHER

48
3
8

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.....
Thomas A. Sneeks Registered Apprentice No. *39*
working under my personal supervision.

Signed.....

[Handwritten Signature]

Licensed Embalmer No. *2710*

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.