. S. No. 300
0M—10-47
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16223
Registrar's No. 2214
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: 1530 West 30th Street 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 33 years
years, months or days)

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. 1420 East 30th Street 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry K. BOGGS
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Theresa F. Boggs
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased November (Month) 1, (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	6	25	hr. min.

9. Birthplace Princeton, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Gen. Foreman, Bridge & Bldg.
11. Industry or business K. C. Terminal RR

FATHER
12. Name Harry Boggs
13. Birthplace ---- (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Anna Alpaugh
15. Birthplace ---- (City, town, or county) New Jersey (State or foreign country)

16. (a) Informant Mrs. Theresa F. Boggs
(b) Address 1420 E. 30th St., K.C., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Abilene, Kansas
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 5-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1948 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from April, 1946, to May 26, 1948
that I last saw him alive on May 25, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Occlusion	
Due to Hypertension	2 yrs.
Due to Arteriosclerosis	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94a	

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? 2
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 1400 E 31st K.C. Mo. Date signed 5/26/48

(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.....

Licensed Embalmer No. 2999

P. O. Address.....

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.