

S. No. 300
OM-10-47
rv. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19387
2447
Registrar's No.

FILED JUN 19 1948
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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 47 Years
years, months or days (Specify whether)

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. 321 So. Mersington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alfred Boije
3. (b) If veteran, name war No
3. (c) Social Security No. 495-03-3144

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8
year 1948 hour 10 minute 25 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma J. Boije
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 6, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7, 1948 to June 8, 1948
that I last saw him alive on June 8, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 3 Days 2
If less than one day hr. min.

Immediate cause of death
Bronchopneumonia
Cerebrovascular accident
Duration

9. Birthplace Vanesborg, Sweden
(City, town, or county) (State or foreign country)

Due to
Due to
Other conditions:
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings:
Of operations
Of autopsy None

11. Industry or business Tent & Awning

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Anders Peterson

13. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian B. Fox

(b) Address 321 South Mersington

17. (a) Burial (b) Date thereof 6-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 6-11-48 (b) Geraldine 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

23. Signature Wm W. Hart (M. D. or other) MD
Address Fed. Dir. Gen'l Hosp. Date signed 6-9-48

Handwritten mark

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 *Emmer C. Redelir*

Licensed Embalmer No. 3495

P. O. Address *N. 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.