

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:  
1300 E. ARMOUR  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE  
(Specify whether years, months or days)

In this community 40 YRS.

3. (a) PRINT FULL NAME MRS. VERA M. BOULT

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-03-8059

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife UNKNOWN

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DEC. 30 1893  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days     | If less than one day |
|---------|-----------|-----------|----------|----------------------|
|         | <u>52</u> | <u>54</u> | <u>5</u> | <u>12</u>            |
|         |           |           |          | hr. min.             |

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

10. Usual occupation SEC. LUZLERS CORP.

11. Industry or business \_\_\_\_\_

12. Name JOHN CURRAN

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

14. Maiden name MARGARET SUTTON

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

Informant KENNETH CURRAN

Address 1600 OLIVE

(a) CREMATION (b) Date thereof 6-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation ELMWOOD

(c) Signature of funeral director STINE & MCCLURE

(b) Address KANSAS CITY, MO.

19. (a) 6-14-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 300 E. ARMOUR  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12  
year 1948 hour 10:10 minute 8 M.

21. I hereby certify that I attended the deceased from before 19... to 19...  
that I last saw him alive on \_\_\_\_\_ 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis  
Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 938  
Of operations \_\_\_\_\_

Of autopsy no  
Autopsy & Injection

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 3

23. Signature [Signature] (M. D. or other) [Signature]  
Address 1424 W. 11th Date signed 6-15-48

can be used for THIS PURPOSE

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**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. 1415

P. O. Address 126 W. 1st St.

**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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Jackson } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2486

On this 16th day of July, 1948, before me appears .....

Mr. Clarence Boullt, who, upon his oath, states that the original record of <sup>birth</sup> death  
for Mrs. Vera M. Boullt died June 12, 1948, 1948 in the State of  
Missouri, and which was filed at Kansas City, Mo. on June 12, 1948 should be corrected as follows:

Item No. 7 should read De cember 30, 1895

Instead of December 30, 1893

Item No. .... should read 52-5-12

Instead of 54-5-12

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

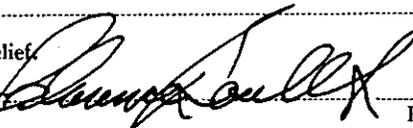
Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

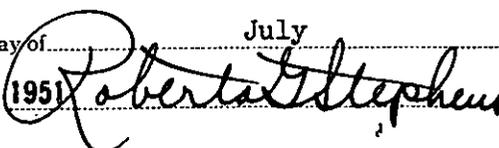
Affiant



Son  
Relationship.

300 East Armour Blvd., Kansas City 3, Mo.  
Present Address.

Subscribed and sworn to before me this 16 day of July, 1948

My Commission expires My Commission Expires May 14, 1951  Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

