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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26721

FILED SEP 9 1948

Registration District No. 138

Primary Registration District No. 5572

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~Loos Summit~~ RURAL PRAIRIE TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year (Specify whether
In this community 25 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. 2630 Lockridge 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MRS. CATHERINE BOLAND

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 9

6. (b) Name of husband or wife Thomas Boland

6. (c) Age of husband or wife if alive years 2

7. Birth date of deceased About 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	81			hr. min.

9. Birthplace St Joseph Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business "

FATHER
12. Name No Record
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs May Ryan 1
(b) Address 5424 Tracy

17. (a) Burial (b) Date thereof 8/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Fuerk & Tobin
(b) Address 20 West Linwood, K.C., Mo.

19. (a) AUG. 26, 1948 (b) Donald C. Earnshaw
(Date received local registrar) (Registrar's signature) 74

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day Aug
year 1948 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from Aug 1, 1948 to Aug 23, 1948
that I last saw her alive on Aug 23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 2 B	
Of autopsy 16	

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J W Greene (M.D. ~~or other~~)
Address [illegible] Date signed 8/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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 Howard W. Farmer

Licensed Embalmer No. 434

P. O. Address Kansas 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.