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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36386

Registrar's No. 4701

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: 6017 PROSPECT AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 80 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. 6017 PROSPECT AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country --

3. (a) PRINT FULL NAME MRS. MINNIE ANNA BOAND

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 WIDOWED

6. (b) Name of husband or wife MR. ADOLPH HENRY BOAND

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

7. Birth date of deceased MARCH (Month) 16 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	8	0	hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business --

FATHER
12. Name JACOB J. SUTTER 5
13. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name WILHEMINA KISKER 4
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARVIN S. HENSLEY

(b) Address 6017 PROSPECT AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-18-1948 (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 16TH year 1948 hour 7 minute 55A M.

21. I hereby certify that I attended the deceased from ____, 1945 to NOV. 16, 1948 that I last saw her alive on NOV. 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY OCCLUSION	1 DAY AND YRS.
Due to	
Due to HYPERTENSION	YRS
Other conditions ACUTE ENTERCOLITIS (Include pregnancy within 3 months of death)	1 DAY

Major findings:
Of operations 94 W
Of autopsy

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? (Specify type of place)

While at work? P. C. Quistgard (e) Means of injury

23. Signature P. C. Quistgard (M. D. or other) M. D.

Address 6241 [illegible] Date signed NOV. 16 '48

(Licensed Embalmer's Statement on Reverse Side)

1-4

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.