

No. 30-47
5-17-39
I 3906

FILED JAN 15 1949
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 Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 7608 Pennsylvania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 years (Specify whether years, months or days)
In this community 3 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 7608 Pennsylvania Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Miss Carol Ann BOX
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 29
year 1948 hour 7:00 minute 0 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 28 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Crown 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 Subacute Bronchopneumonia Duration _____

8. AGE: Years Months Days If less than one day
3 5 1 hr. _____ min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 107

10. Usual occupation Infant

Major findings: Of operations _____

11. Industry or business Child

Of autopsy no
History & Inspection

12. Name Claud Box

Underline the cause to which death should be charged statistically.

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

14. Maiden name Lucile Hagerman

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

16. (a) Informant Mr Claud Box

(b) Address 7608 Pennsylvania Ave

17. (a) Burial (b) Date thereof 12-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Missouri

18. (a) Signature of funeral director France Wornall
(b) Address Kansas City Missouri

19. (a) 12-31-48 (b) Stoddard 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 3

23. Signature James C. Walker (M. D. or other) Walker

Address 1424 1/2 1/2 Date signed 12-29-48

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.....

Forest D. Boldenow

Registered Apprentice No. *225*

working under my personal supervision.

Signed.....

Russell N. France

Licensed Embalmer No. *4255*

P. O. Address. *K. 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.