

FILED MAR 22 1949 STANDARD CERTIFICATE OF DEATH

State File No. 870

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 870			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		48 3			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2400 East 27th St.				d. STREET ADDRESS (If rural, give location) 2400 East 27th St. 5					
3. NAME OF DECEASED (Type or Print) Tena Ella Boone			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) February 22, 1949		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 31, 1881	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missionary			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Conway, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Abraham McGee			13b. MOTHER'S MAIDEN NAME Eliza			14. NAME OF HUSBAND OR WIFE Bishop John Boone			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bishop John Boone 2400 East 27th					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ininition								INTERVAL BETWEEN ONSET AND DEATH 2-22-49	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								9-1-48	
ANTECEDENT CAUSES								DUE TO (b) Carcinoma of Stomach and Esophagus	
DUE TO (c) primary in stomach								1510X	
II. OTHER SIGNIFICANT CONDITIONS								Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Sept. 1, 1948 to Feb. 22, 1949, that I last saw the deceased alive on Feb. 22, 1949, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE P. C. Turner (Degree or title) md.				23b. ADDRESS 1433 E. 19th			23c. DATE SIGNED 2-23-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/27/49		24c. NAME OF CEMETERY OR CREMATORY Indianapolis, Ind.		24d. LOCATION (City, town, or county) (State) Indianapolis, Ind.			
DATE REC'D BY LOCAL REG. 2-25-49		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE W. Watkins		ADDRESS 1729 Lydial		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. J. Manlove.....

Licensed Embalmer No. 3994.....

P. O. Address 2503 Highland.....

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.