S. No. 300
. 10.48

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

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30107

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3846

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 60yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 3417 Mersington

57 3 8

3. NAME OF DECEASED (Type or Print)
a. (First) Asher
b. (Middle) D.
c. (Last) Bomgardner

4. DATE OF DEATH (Month) Sept. (Day) 4 (Year) 49

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5/ 11/ 1881

9. AGE (In years last birthday) 68 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Peter Bomgardner

13b. MOTHER'S MAIDEN NAME Susan E Mohler

14. NAME OF HUSBAND OR WIFE Anna Bomgardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Bomgardner **ADDRESS** 3417 Mersington

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma Liver primary — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) metastases Lymph Nodes

DUE TO (c) Cardiovascular Renal Disease

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 155X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 15, 1949, *to* Sept 4, 1949, *that I last saw the deceased alive on* Sept 3, 1949, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold A. Pallett (Degree or title) M.D. **23b. ADDRESS** 1132 Prof. Bldg. K.C. Mo. **23c. DATE SIGNED** 9/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 9/6/49 **24c. NAME OF CEMETERY OR CREMATORY** Greenlawn **24d. LOCATION** (City, town, or county) Kansas City (State) MO.

DATE REC'D BY LOCAL REG. 9-7-49 **REGISTRAR'S SIGNATURE** Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Stine McClure **ADDRESS** K. C. MO.

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1949

Prop. Bd. 14.

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 William L. Anderson

Licensed Embalmer No. 4674

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.