

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26762**
3386

BIRTH NO. _____		REG. DIST.-NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
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) 29 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3738	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1				d. STREET ADDRESS (If rural, give location) 201 Brush Creek Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Miriam			b. (Middle) J.		c. (Last) Boehmer		4. DATE OF DEATH (Month) (Day) (Year) Aug. 5, 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Apr. 8, 1921	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician MD		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sugar Creek, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME H. R. Boehmer			13b. MOTHER'S MAIDEN NAME Clara L. Habermann		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. R. Boehmer, Sugar Creek, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Sternum Ruptured ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Urna lava DUE TO (c) Car hit a tree				INTERVAL BETWEEN ONSET AND DEATH 8:194 31	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 123				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO			
21d. TIME OF INJURY 8-5-50 1:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens Coroner (Degree or title)				23b. ADDRESS 1034 Pinkto Bldg		23c. DATE SIGNED 8-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-9-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.		24d. LOCATION (City, town, or county) (State) Kansas City 3, Mo.	
DATE REC'D BY LOCAL REG. 8-8-50		REGISTRAR'S SIGNATURE Heraldine Valore		25. FUNERAL DIRECTOR'S SIGNATURE W. C. Carson		ADDRESS Independence, Mo.	

(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

Tom D. Marpland

Licensed Embalmer No.

4592

P. O. Address

Indep. 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.