

THE DIVISION OF HEALTH OF THE STATE OF KANSAS
STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1950

State File No. 30304

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3690

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City
c. LENGTH OF STAY (in this place or township) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Kansas b. COUNTY BUTLER
c. CITY OR TOWN Eldorado 8150
d. STREET ADDRESS Unknown 8

3. NAME OF DECEASED a. (First) Laura b. (Middle) Ann c. (Last) Boone
4. DATE OF DEATH (Month) (Day) (Year) August 29 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 2
8. DATE OF BIRTH Jan 10 1865 9. AGE (In years last birthday) 85

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Paola Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cancer of Stomach
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Perforation of tumor mass
INTERVAL BETWEEN ONSET AND DEATH 15 1/2

19a. DATE OF OPERATION July 8 1950
19b. MAJOR FINDINGS OF OPERATION Tumor mass anterior wall stomach - Perforated
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) (Minute)
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 Feb 1949, to Aug 29 1950, that I last saw the deceased alive on Aug 29, 1950, and that death occurred at A m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Farnsworth (Degree or title)
23b. ADDRESS 1103 Grand K P Rd
23c. DATE SIGNED 8/30/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug 30 1950
24c. NAME OF CEMETERY OR CREMATORY -
24d. LOCATION (City, town, or county) (State) Eldorado Kansas

DATE REC'D BY LOCAL REG 8-30-50 REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Fulton Kansas City Mo

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ralph Fulton

Signed
Student Embalmer

Licensed Embalmer No. 3503

P. O. Address Kans City Kans

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.