

FILED MAR 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4656
688

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>635 Brighton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>			

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>BOLTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 13 51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-24-1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Schmidt Ritter Industry Metal Craft</u>	9. AGE (In years last birthday) <u>53</u>
11. BIRTHPLACE (State or foreign country) <u>Detroit Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Olson Bolton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WW1</u>	16. SOCIAL SECURITY NO. <u>542-10-7156</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Bolton 635 Brighton</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>years</u> <u>443 X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral vascular accident with paralysis 2 yr.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 Aug 28, 1948 to Feb 13, 1951, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Martin P. Hunter</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1408 Waldheim Bldg</u>	23c. DATE SIGNED <u>2/13/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		

DATE REC'D BY LOCAL REG. <u>2-14-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Sheil S.C. Mo.</u>
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard C. Carroll

Signed
Student Embalmer

Licensed Embalmer No. 4829

P. O. Address H. C. Sins

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.