

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37161**
Registrar's No. **5209**

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|---|--|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 5209 | |
| 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) Kansas City | | c. LENGTH OF STAY (In this place) 15 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3125 Broadway | | | | d. STREET ADDRESS 3125 Broadway (If rural, give location) 3470 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY | | b. (Middle) A. | | c. (Last) BOGGS | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1951 | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Nov. 11, 1876 | |
| 9. AGE (In years last birthday) 75 | | IF UNDER 1 YEAR Months | | IF UNDER 4 WKS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Iowa | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Robert W. Jordan | | | 13b. MOTHER'S MAIDEN NAME Caroline Watson | | | 14. NAME OF HUSBAND OR WIFE Alvin C. Boggs | |
| 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 Miss Catherine Dobson, 3125 Broadway KC 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential arterial hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days years 331 X | |
| 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) (Min) | | 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 June , 1948, to Dec. 4 , 1951, that I last saw the deceased alive on Dec. 3 , 1951, and that death occurred at 4: A m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Esther Winkelman (Degree or title) MD | | | | 23b. ADDRESS 4050 Broadway N.C. Mo | | 23c. DATE SIGNED 12-4-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 24b. DATE 12/6/51 | | 24c. NAME OF CEMETERY OR CREMATORY Elmwood | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| DATE REC'D BY LOCAL REG. 12-5-51 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Esther Winkelman
4050 P...

2061

2/24/87

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.....

F. S. Walton

Signed.....

Student Embalmer

Licensed Embalmer No. *2244*

P. O. Address *N.C. 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.