

FILED AUG 15 1952

STANDARD CERTIFICATE OF DEATH

State File No. 27939
3477

BIRTH NO. 50300 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Kansas
b. COUNTY Johnson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie Village 15, 8150
d. STREET ADDRESS (If rural, give location) 5004 W 73rd St.

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Warner
c. (Last) Board

4. DATE OF DEATH (Month) (Day) (Year)
7-2-52

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH 6-30-52

9. AGE (in years last birthday) 2
if UNDER 1 YEAR Months
if UNDER 24 HRS. Hours

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Robert B Board Sr.

13b. MOTHER'S MAIDEN NAME Pattye Jayne Wadley

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 date of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Pattye Board 5004 W. 73rd. St.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholelithiasis
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
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
76 20

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 6-30, 1952, to 7-2, 1952, that I last saw the deceased alive on 7-2, 1952, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Richard G. Holman (Degree of Physician)

23b. ADDRESS 620 Prof Bldg

23c. DATE SIGNED 7-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Retained

24b. DATE 7-2-52

24c. NAME OF CEMETERY OR CREMATORY Research Hosp.

24d. LOCATION (City, town, or county) (State) Kansas City, Mo

DATE REC'D BY LOCAL REG. 8-4-52 REGISTRAR'S SIGNATURE Geraldine Holman

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Research Hosp. 15. C. 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.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.