

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33099

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4105</u>	
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) 15 YEARS		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				e. STREET ADDRESS (If rural, give location) 2827 NORTON			
3. NAME OF DECEASED (Type or Print)		a. (First) FREDERICK		b. (Middle) (NMI)		c. (Last) BOGUSS	
4. DATE OF DEATH		(Month) September		(Day) 17,		(Year) 1955	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 9, 1875		9. AGE (In years) 80 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Big Springs, Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Tipton Boguss		13b. MOTHER'S MAIDEN NAME Saphonia Sharp		14. NAME OF HUSBAND OR WIFE Hattie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Spanish American 500-12-4554		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Official VA Hospital Records, K. C. 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) Hypertrophy of heart, marked ANTECEDENT CAUSES DUE TO (b) Nephrosclerosis, marked <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Cerebral atrophy, mild				INTERVAL BETWEEN ONSET AND DEATH several years several years 4427	
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) VA m.		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 August 1, 1955 , to September 17, 1955 , and that death occurred at 8:00 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Guido Forrecca, M.D. (Degree or title) M.D.				23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 9-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/21/55		24c. NAME OF CEMETERY OR CREMATORY Veterans Cemetery		24d. LOCATION (City, town, or county) (State) Wadsworth, Kansas	
DATE REC'D BY LOCAL REG. 9-21-55		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE C. E. Davis		ADDRESS 1415 Limestone	

(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.....
Signature of Student Embalmer

Signed *Lorris A. Jackson*.....

Licensed Embalmer No. *48*.....

P. O. Address *X*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.