

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 30 1959

**59-039079**

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. \_\_\_\_\_ Registrar's No. 1160

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Buchanan</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rushville</b>	a. STATE <b>Kansas</b>	b. COUNTY <b>Atchison</b>
Length of stay in 1b <b>1 hour</b>		c. CITY OR TOWN <b>Atchison</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rural Route # 1</b>		d. STREET ADDRESS (If outside, give location) <b>324 North 2nd St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)	First <b>Allen</b>	Middle <b>Harman</b>	Last <b>Board</b>	<b>4. DATE OF DEATH</b>	Month <b>Nov.</b>	Day <b>12</b>	Year <b>1959</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Aug. 2, 1888</b>	<b>9. AGE (last birthday)</b> <b>71</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Electrical Worker</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Electrician</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Willis Point, Texas</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>John Starret Board</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Georgia Irving</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>deceased</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>466094583</b>	<b>17. INFORMANT</b> <b>Wilson Board</b>	<b>Address</b> <b>Dallas Texas</b>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>5 minutes</b>
IMMEDIATE CAUSE (a)	<b>Coronary thrombosis</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Coronary sclerosis</b>	
DUE TO (b)		<b>?</b>
DUE TO (c)		

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)	<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY _____ STATE _____
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**21. I attended the deceased from** No previous attendance **and last saw** <sup>her</sup>/<sub>him</sub> **alive on** \_\_\_\_\_ **Death occurred at** 2 PM **on the date stated above, and to the best of my knowledge, from the causes stated.**

<b>22a. SIGNATURE</b> <i>Dr. R. Morrison MD</i>	(Degree or title)	<b>22b. ADDRESS</b> <b>801 Atchison st Atchison, Kansas</b>	<b>22c. DATE SIGNED</b> <b>11/13/59</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>23b. DATE</b> <b>Nov. 15, 1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Whiting Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Whiting Kansas</b>
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<b>24. FUNERAL DIRECTOR</b> <i>J. M. Syer</i>	<b>ADDRESS</b> <i>Atchison, Kansas</i>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>Nov. 24, 1959</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Mr. Clark Goodell</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF *J. R. Morrison, M.D.* MEDICAL CERTIFICATION

MS DEC 2 1956

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



Licensed Embalmer No. 4320

P. O. Address Atchison

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.