

JRI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 1 0 1960

149

1002

Registrar's No.

4828

60-034647

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

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|---|--|--|--|---|---|--|---|
| 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, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in lb 30 YEARS | | c. CITY OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 310 WEST 49TH STREET | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM J. BOGGS | | | | 4. DATE OF DEATH Month Day Year SEPT. 21, 1960 | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH AUG. 31, 1899 - 61 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESIDENT | | 10b. KIND OF BUSINESS OR INDUSTRY PERFECTION SPRINGS EQUIPMENT CO. | | 11. BIRTHPLACE (City and state or country) CLEVELAND, OHIO | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME JAMES ROBINSON BOGGS | | | 13b. MOTHER'S MAIDEN NAME SARAH BERTHA | | | 14. NAME OF HUSBAND OR WIFE MRS. MILDRED BOGGS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I | | 16. SOCIAL SECURITY NO. 486-03-4872 | | 17. INFORMANT MRS. MILDRED BOGGS, KANSAS CITY, MO. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction (acute) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 minute |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 1942 to Sept 28, 1960 and last saw him alive on Sept 28, 1960 Death occurred at 4:00 p m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Donald McFarland M.D. | | | | 22b. ADDRESS 315 Nichols Rd K.C. Mo. | | 22c. DATE SIGNED 9-22-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE SEPT. 24, 1960 | | 23c. NAME OF CEMETERY FOREST HILL CEMETERY | | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | |
| 24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 9-24-60 | | 26. REGISTRAR'S SIGNATURE H-L. Dwyer | | | |

DOCUMENT

BY AFFIDAVIT OF Donald McFarland MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry C. Clement

Licensed Embalmer No. 4550

P. O. Address Peasant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.

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B. H. 2242.9