

MAR 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5372

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
(b) Township Kaw Primary Registration District No. 1002 Registered No. 571  
(c) City Kansas City, Missouri (a) Street No. 3010 Montgall, K. C. MO St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Elizabeth Boese

(a) Residence, No. 3010 Montgall St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10th, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Unknown22. I HEREBY CERTIFY, That I attended deceased from 1933, 1933 to 2-10-39, 1939I last saw him alive on 2-8-39, 1939 Death is said to have occurred on the date stated above, at 6:20 P.M.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26th, 1838

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
100 11 14

Broncho pneumonia Date of onset Feb 5-39  
107a

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Missouri

FATHER

13. NAME John Beller  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER

15. MAIDEN NAME Anna Unk.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Arthur L. Anderson D.O.  
(Signed) Arthur L. Anderson D.O. (Address) 3400 East 31

17. INFORMANT Mrs. Lucy E. Tracy, Daughter  
(ADDRESS) 3010 Montgall, K. C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Feb. 12, 193919. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster  
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.20. FILED 2/11, 1939 M. M. Crowe  
Local Registrar.

STATE BOARD OF HEALTH  
PHOTOGRAPHY DIVISION  
Phone No. 5-4400

**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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

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, above space should be left blank.**