

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
(Specify whether
 In this community 30 Years
years, months or days)

3. (a) PRINT FULL NAME Mary K. Boepler, 146

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Valentine Boepler, 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased New Jersey, July 31, 1867
(Month) (Day) (Year)

8. AGE:	Years <u>72</u>	Months <u>5</u>	Days <u>26</u>	If less than one dayhr.min.
---------	--------------------	--------------------	-------------------	---

9. Birthplace New Jersey.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Patrick Roach 5

13. Birthplace Ireland 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Doyle
(City, town, or county) (State or foreign country)

15. Birthplace No Record.
(City, town, or county) (State or foreign country)

16. (a) Informant Valentine Boepler

(b) Address 915 Harrison Str., K. C. Mo.

17. (a) Burial (b) Date thereof Jan. 29-40
(Burial, cremation, or removal) (Month) (Day) (Year)
Leavenworth-Kansas St. Mincie Cemetery.
(c) Place: burial or cremation

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Jan. 29, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 915 Harrison Str., K.C. Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th, 1940
year 1940 hour 4:30 minute 30 p.m.

21. I hereby certify that I attended the deceased from Jan. 22, 1940
....., 19....., to Jan. 26, 1940;
that I last saw her alive on Jan. 26 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinoma-tosis Duration

Due to Cancer of Uterus 4 1/2

Due to.....

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none PHYSICIAN

Of autopsy none Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (Years of injury)

23. Signature J. C. Brown (M. D. or other)

Address 1830 Olive St Date signed 1-27-40

WRITE MAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Turner.
Office ~~1824~~
Phone ~~214-6336~~

1824 Vine

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 me

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

Signed Daniel C. Browning

Licensed Embalmer No. 1724

P. O. Address Lawson City Mo

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.