

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
321 So. Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 72 years
years, months or days

3. (a) PRINT FULLNAME Mrs. Louise Boersch

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Hugo Boersch 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 1 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 16 If less than one day hr. _____ min. _____

9. Birthplace California, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name John G. Wirthman

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

14. Maiden name Katherine Rhinehardt

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lula F. Boersch

(b) Address 321 So. Jackson

17. (a) Burial (b) Date thereof Oct. 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 10-17-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 321 So. Jackson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1940 hour 8 minutes 30 A. M.

21. I hereby certify that I attended the deceased from Oct 3
1940, to Oct 17, 1940
that I last saw her alive on Oct 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition

Due to Myocardial Regurgitation

Due to Arricular Fibrillation

Other conditions (Include pregnancy within 3 months of death) 92 2

Major findings: Of operations _____
Of autopsy none made

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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) (e) Means of injury _____

23. Signature M. M. Crowe (M. D. or other) M.D.
Address 103 9. Elmwood Date signed 10-17-40

Duration
5 weeks
8 years
8 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

24 years

John E. Brown
N. E. con.

103 N. E. Commissioner

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 Clarend N. Chiles

Licensed Embalmer No. 3473

P. O. Address To CEMO

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, fact should be so stated above.