

No. 2  
4-13-40  
5-17-39  
I X23132

JAN 10 1941

State File No. \_\_\_\_\_

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1359

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH

(c) Name of hospital or institution: STATE HOSPITAL No. 2

(d) Length of stay: In hospital or institution 3 mo. 2 day

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City

(d) Street No. 522 Cypress

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Walter Boggess

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mildred Boggess 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 26 1896

8. AGE: Years 64 Months 3 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Montgomery Co. Ill.

10. Usual occupation Janitor in K.C. School

11. Industry or business \_\_\_\_\_

12. Name Phillip Boggess

13. Birthplace Mary

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_

16. (a) Informant Hospital Records

(b) Address State Hosp. #2, St. Joseph, Mo

17. (a) Removal (b) Date thereof 12-26-40

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Sheil J. ...

(b) Address Kansas City, Mo

19. (a) M/No/110 (b) M/No/110

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1940 hour 12 45 minute 0 M.

21. I hereby certify that I attended the deceased from Sept. 24 1940 to Dec. 26 1940; that I last saw him alive on Dec. 25 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 day

Due to Arteriosclerosis

Other conditions Senile psychosis

Major findings: Of operations 0

Of autopsy 0

PHYSICIAN \_\_\_\_\_

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

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

85 (Specify type of place) \_\_\_\_\_

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Henetta Thompson (M. D. or \_\_\_\_\_)

Address State Hosp # 2 St. Joseph Date signed 12-26-40

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

APR 23 1948

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**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, fact should be so stated above.**