

FEB FEB 18 1947

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1485**  
**395**

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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 2618 Lockridge  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Yrs.  
(Specify whether years, months or days)

In this community 18 Yrs.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lulu Field Bogen

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

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward Bogen 6. (c) Age of husband or wife if alive 1859 years

7. Birth date of deceased Mar. 22 (Month) 1859 (Day) (Year)

8. AGE: Years 81 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Dayton Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

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

12. Name Albert G. Field

13. Birthplace Fields Point R. I.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Smith

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

16. (a) Informant Don A. Bogen

(b) Address 2618 Lockridge

17. (a) Removal (b) Date thereof Jan. 29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati Ohio

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) Jan 28 1947 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2618 Lockridge  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28<sup>th</sup> day January year 1941 hour 12:45 minute PM

21. I hereby certify that I attended the deceased from 10<sup>th</sup>, 1941, to Jan 28<sup>th</sup>, 1941. that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure chronic endo. Carditis

Due to old age

Due to 9<sup>th</sup> D

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 D

23. Signature B. A. Boorman (M. D. or other) \_\_\_\_\_  
Address 1225 Bialtskell Date signed 1-28-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Dr. J. J. [unclear]*  
*2836 Prospect*  
*Los Angeles*  
*VI 3647*  
*Realty Bldg.*

**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.**