

Registration District No. **379**

Primary Registration District No. **1002**

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
(Specify whether)
 In this community **---**
years, months or days

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. **1001 Broadway**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **George Ernest Boughner**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **495-05-0697**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **24th**
 year **1941** hour **3** minute **10** P. M.

4. Sex **Male** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased: **April 2, 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
March 21st, 1941 to March 24th, 1941
 and that I last saw him alive on **March 24th, 1941**
 and that death occurred on the date and hour stated above.
 Immediate cause of death: **Ruptured oesophageal varices**
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	60	59	11	22
				hr. _____ min.

Due to **Cirrhosis of liver**
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy: **See above**

9. Birthplace: **Canada**
(City, town, or county) (State or foreign country)
10. Usual occupation: **Hotel clerk**

11. Industry or business _____
MOTHER FATHER { **12. Name:** **Don't know**
13. Birthplace: **Don't know**
(City, town, or county) (State or foreign country)
14. Maiden name: **Don't know**
15. Birthplace: **Don't know**
(City, town, or county) (State or foreign country)

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 **0**

16. (a) Informant: **Sam P. Owens**
(b) Address: **Reid Hotel**
17. (a) Removal (b) Date thereof **3-27-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Tillsonburg, Ontario**

23. Signature: **Prison R. Thow** (M. D. or other) _____
Address: **Med. Dir. K. C. Gen. Hospital** Date signed **3-25-41**

18. (a) Signature of funeral director: **Freeman Mortuary Canada**
(b) Address: **104 West 42nd Street**
19. (a) 3/26/41 (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

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

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

Clarence H. Childs

Licensed Embalmer No.

3473

P. O. Address

16 E. 1st St.

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.