

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas
(c) Name of hospital or institution:
207 West 67 Terrace
(d) Length of stay: In hospital or institution.
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Jackson (b) County Jackson
(c) City or town Kansas City, Mo.
(d) Street No. 207 W 67 Terrace
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

ELLEN E. BOSTON

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 Widow
6. (b) Name of husband or wife Jesse P Boston
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug 29 1853

8. AGE: Years 88 Months 0 Days 19
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Christopher Trumbler
13. Birthplace Vt.
14. Maiden name Matilda Sobel
15. Birthplace unknown

16. (a) Informant Mrs Alfred S. Walker
(b) Address 207 W 67 Terrace

17. (a) (b) Date thereof 9/19/41
(c) Place: burial or cremation TERRE HAUTE, Ind.

18. (a) Signature of funeral director STINE McCURE
(b) Address Kansas City, Mo.

19. (a) 9-18-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18
year 1941 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from 9-17 to 1941
that I last saw her alive on 9-17 and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration

Due to no special organic disorder

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none 1628

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?

(Specify type of place) While at work (b) Means of injury

23. Signature Jesse V. Faust (M. D. or other) D
Address 702 Professional Date signed 9-18-41

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

Prof. A. A. A.

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.....

[Handwritten Signature]

..... Licensed Embalmer No. *1415*

..... P. O. Address *K. P. 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, fact should be so stated above.