

3-40  
-39  
K23159

Registration District No. **379**

Primary Registration District No. **1002**

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

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 **2647 East Sixth St.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **Sixty years** / (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Joseph Bert Boden**  
 3. (b) If veteran, name war **none**  
 3. (c) Social Security No. **486-01-7186**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Rose Marie Boden** 6. (c) Age of husband or wife if alive **59** years  
 7. Birth date of deceased **March 5, 1877**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **7** Days **4** If less than one day hr. min.

9. Birthplace **Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Back Door Man at**

11. Industry or business **The President Hotel**

12. Name **Louis Boden**

13. Birthplace **On the Sea From Germany** **4**  
(State or foreign country)

14. Maiden name **SPORTEL**

15. Birthplace **No Record** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rose Marie Boden**

(b) Address **2647 East Sixth St. K. C. Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 10, 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cem.**

18. (a) Signature of funeral director **Mrs C. L. Forster**

(b) Address **218 Brooklyn Ave. K. C. Mo.**

19. (a) **10/10/41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **048**  
 (a) State **Missouri** (b) County **Jackson** **3**  
 (c) City or town **Kansas City** **8**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2647 East Sixth St.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **9**  
 year **1941** hour **12** minute **29 AM**

21. I hereby certify that I attended the deceased from **Deputy Coroner** to **Deputy Coroner**, 19...; that I last saw **Deputy Coroner** alive on **19...** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocardial Infarction** Duration

Due to **Coronary Sclerosis**

Due to **Aneurysm of the Myocardium**

Other conditions **42W**  
(Include pregnancy within 3 months of death)

Major findings: **958**

Of operations

Of autopsy

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? (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 **Wassell** (M. D. or other) **5**

Address **1018** Date signed

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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 *Denzil C. Browning*.....

Licensed Embalmer No. *2724*.....

P. O. Address *H. P. mo*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**