

Registration District No. **5 1949**

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: **Wesley Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Day** (Specify whether)  
In this community **5 Months** (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. **437 West 69th Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mr. Grier C Bovard**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Mrs. Alice Bovard**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **September 21 1874**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **5** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Garets Run Pennsylvania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman - Retired**

11. Industry or business **Tobacco Company**

MOTHER FATHER { 12. Name **Chambers Bovard**  
13. Birthplace **Unknown Pennsylvania**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Orr**  
15. Birthplace **Unknown Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaret G. Gillette**  
(b) Address **437 West 69th Street**

17. (a) **Removal** (b) Date thereof **Feb. 26, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Beaver Falls, Pennsylvania**

18. (a) Signature of funeral director **D. N. Newcomer's Son**  
(b) Address **1401 Brush Creek Blvd.**

19. (a) **2-26-43** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **25th**  
year **1943** hour **9** minute **40 P. M.**

21. I hereby certify that I attended the deceased from **Feb. 25**  
**1943** to **Feb. 25**, **1943**.  
that I last saw him alive on **Feb. 25**, **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **1 day**  
**g42**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 **S. W. Fair** (M. D. or other)  
Address **404 1/2 W 75th St** Date signed **2/24/43**

48412 West 75th Street

**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 C. Hervey Quisenberry  
Licensed Embalmer No. 4070  
P. O. Address K C 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.**