

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 24 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20253

Registrar's No. 2624

Registration District No. 149

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: St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Hours
 (Specify whether
 In this community Lifetime
 years, months or days)

3. (a) PRINT FULL NAME Mr. Karl Vincent Boswell3. (b) If veteran, name war None 3. (c) Social Security No. 987-16-42

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Betty Boswell 6. (c) Age of husband or wife if alive 20 years
 7. Birth date of deceased August 29 1923
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	19	9	10 12	hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Switchman11. Industry or business Missouri-Pacific Railroad12. Name William E. Boswell13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Lila Alcorn15. Birthplace Kansas
(City, town, or county) (State or foreign country)16. (a) Informant William Alcorn(b) Address 4003 S 51st St17. (a) Burial (b) Date thereof June 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial of Floral Hills Cemetery18. (a) Signature of funeral director P. E. Brown(b) Address 1401 Brush Creek Blvd.19. (a) 6-10-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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. 3129 Woodland Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9
year 43 hour 2:25 minute A M.21. I hereby certify that I attended the deceased from born 19 ---that I last saw him alive on 19 ---
and that death occurred on the date and hour stated above.Immediate cause of death External hemorrhage
Angioma jugular interna
with both columnsDue to Richwood (Lump) planDue to Richwood (Lump) planOther conditions 16 9 6
(Include pregnancy within 3 months of death)Major findings: 16 9 6
Of operations 3 0 1/1Of autopsy See of file

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) Accident 12:30(b) Date of occurrence 6/8/43(c) Where did injury occur? Floral Hills Cemetery
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Richwood yards
While at work Yes (Specify type of place) (e) Means of injury ---23. Signature P. E. Brown Date signed 6/10/43

AUG 14 1953

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 *A. C. Newcomer Jr*
Licensed Embalmer No. 4043
P. O. Address *A. C. Newcomer*

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.