V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36622

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4619

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: Research Hospital - K. C. Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours - 0 (Specify whether

In this community 5 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebr. (b) County Douglas 99 1 25

(c) City or town Omaha.
(If outside city or town limits, write "RURAL")

(d) Street No. 2516 County Club Blvd
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Albert Boquet

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife ~~Ena~~ Erna M.

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July (Month) 9 (Day) 1882 (Year)

8. AGE: Years 62 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Fargo (City, town, or county) N. D. (State or foreign country)

10. Usual occupation Owner - Omaha Nebr.

11. Industry or business On Time transfer Co.

FATHER
12. Name Wm. J. Boquet.
13. Birthplace Sandusky (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Martha A. Taylor.
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Wm B. Boquet
(b) Address Omaha Nebr.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Omaha Nebr.

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address K. C. Mo

19. (a) 11-17-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 year 1944 hour 6 A.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 16/44, 19, to Nov. 17, 1944 that I last saw him alive on Nov. 17/44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions Left nephro lithiasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy — 134a

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank Stuart M.D. (M. D. or other)

Address 400 Prof. Bldg Date signed 11/17/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.