

FILED JUN 9 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2343

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: 2218 E 69TH ST TERRACE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
LIFE
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL.")
(d) Street No. 2218 E. 69TH ST. TERRACE 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY JOHN BOESE

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. MARTHA C. BOESE 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased AUGUST 3 - 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 24
If less than one day hr. _____ min. _____

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

10. Usual occupation MERCHANT

11. Industry or business ELECTRICAL STORE

12. Name JOHN HENRY BOESE 4

13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name ERIKATHE BELLER

15. Birthplace WESTON MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARTHA C. BOESE
(b) Address 2218 EAST 69TH ST. TERRACE

17. (a) BURIAL (b) Date thereof MAY 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY
(d) Signature of funeral director W. H. Newcomer's Sons
(e) Address 1401 BRUSH CREEK BLYD.

19. (a) 5-29-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27th
year 1947 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 7
1946 to May 27, 1947.
that I last saw him alive on May 20, 1947:
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Myeloma 8 mos.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 552

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature Jesse D. Pring (M. D. or other)
Address 814 Prof Bldg. Date signed 5-27-47

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

