

S. No. 2
M-5-43
7-5-17-39
I X36871

FILED DEC 9 1947/49
Registration District No. _____

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 Joseph
 (If not in hospital institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 In this community 3 weeks
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Barton
 (c) City or town Golden City
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EMMA BOUNDY
3. (b) If veteran, No **3. (c) Social Security**
 name war No No. 77 one

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 24
 year 1947 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from _____ **19**.....
 _____ **to** _____ **19**.....
 that I last saw _____
 and that death occurred on the date and hour stated above.

4. Sex Fe **5. Color or** wh
 race wh
6. (a) Single, widowed, married, single
 divorced _____
6. (c) Age of husband or wife if
 alive _____ years

Immediate cause of death
Cardiac failure Hypertension
acute
Due to Lymphosarcoma Medullary
of spleen to Rt. lung & pleura
Due to _____
Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>1</u>	hr. min.

9. Birthplace Ford Co. Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business School Teacher

12. Name John BOUNDY

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

14. Maiden name Eliza J. Kettle
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Louis BOUNDY

(b) Address Eldorado Springs Mo

17. (a) Burial, cremation, or removal burial **(b) Date thereof** 11-24-47
 (Month) (Day) (Year)

(c) Place: burial or cremation Golden City Mo

18. (a) Signature of funeral director J. W. Wagner
 (b) Address Kansas City Mo

19. (a) 11-25-47 **(b) Geraldine Holmes**
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
Major findings: above **478**
Of operations _____
Of autopsy above

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) _____
 (e) Means of injury _____
23. Signature Queller (M. D. or other) _____
 Address St Joseph Hospital Date signed 24 Nov 47

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

MOTHER FATHER

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 Abrie R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Hauns City 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.