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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 4 1948

Registration District No. 799

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 32800

Registrar's No. 4188

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:  
514 1/2 Main Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community about 18 years  
years, months or days)

3. (a) PRINT FULL NAME Jim Boke

3. (b) If veteran, name war None

3. (c) Social Security No. 494-12-0080

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Unknown 1877  
(Month) (Day) (Year)

8. AGE: Years 71 Months ? Days ? If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Investigation

(b) Address Coroner's Office

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 10-15-48 (Date received local registrar) (b) Geraldine Holmes (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. 514 1/2 Main Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th  
year 1948 hour 11:15AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

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

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

Other conditions Reputed coroner  
(Include pregnancy within 3 months of death)

Major findings: History  
Of operations \_\_\_\_\_

Of autopsy 93 D

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place and nature of injury)

23. Signature A. E. Upsher  
A. E. Upsher  
Address 2800 Main

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**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.....

*Blaine E. Weibert*

Licensed Embalmer No. *4075*

P. O. Address *K.C. 8, 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.**