

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12284

State File No. _____
Registrar's No. **1512**

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

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 1512		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City			c. LENGTH OF STAY (in this place) 25 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			d. STREET ADDRESS (If rural, give location) 5643 E. 15 St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1								
3. NAME OF DECEASED (Type or Print) a. (First) Lilly			b. (Middle) Belle		c. (Last) Boler		4. DATE OF DEATH (Month) (Day) (Year) 4 2 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH January 1886		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 14 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alexander Boyd			13b. MOTHER'S MAIDEN NAME Sarah Cartmal		14. NAME OF HUSBAND OR WIFE B.F. Boler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Claude L. McCormick 411 N. Union Independence, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia						INTERVAL BETWEEN ONSET AND DEATH 4 mos. 8 das.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture right hip DUE TO (c) Injury by fall								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 9030 20								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home		21c. (CITY, TOWN, OR TOWNSHIP) 123 (COUNTY) (STATE) Kansas City, Jackson, Missouri				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 22 48 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall				
22. I hereby certify that I attended the deceased from Nov. 22, 1948 , to April 2, 1949 , that I last saw the deceased alive on April 2, 1949 , and that death occurred at 8:25 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE Wm. W. Hart (Degree or title) <i>Wm. W. Hart M.D.</i>				23b. ADDRESS Med. Dir. Gen'l Hosp.		23c. DATE SIGNED 4-4-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 5 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 4-5-49		REGISTRAR'S SIGNATURE <i>Sheraldine Holmea</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mrs C.L. Forster Kansas City, Mo.				

Dr. Haines

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 _____

Gerald A. Burger
working under my personal supervision.

Student Embalmer No. *313*

Signed *Gerald A. Burger*
Student Embalmer

Signed *Joe B. Yoder*
Licensed Embalmer No. *4173*

P. O. Address *KC. 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.