

No. 300  
10-48

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26795  
3626

BIRTH NO. 52090-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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 OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 Days	c. CITY OR TOWN Kansas City		2048
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's hosp.			d. STREET ADDRESS (If rural, give location) 3838 E. 67th St. Terr.		
3. NAME OF DECEASED (Type or Print) a. (First) Dennis		b. (Middle) Michael	c. (Last) Bolby	4. DATE OF DEATH (Month) (Day) (Year) 8-23-51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Aug. 16, 1951	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Days 6
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) K.C. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME David Bolby		13b. MOTHER'S MAIDEN NAME Madeline Duffy		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME David Bolby		ADDRESS Same

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchus Pneumonia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Abnormality of Bronchus & Esophagus DUE TO (c) Tubercular Heart (Congenital)			INTERVAL BETWEEN ONSET AND DEATH 1590
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Russell W. Kerth (degree or title) <i>Russell W. Kerth</i>			23b. ADDRESS St. Joseph's Hospital		23c. DATE SIGNED 7/4/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-25-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 8-25-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. E. Wealut, K.C. 8, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*B. C. Weir*

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.