

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26796
3173

BIRTH NO. _____		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 Kansas b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in place) 2 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Caney		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural give location) Unknown			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Ruth c. (Last) Boinger			4. DATE OF DEATH (Month) (Day) (Year) 7 25 51				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-19-1918		9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Housewife - Nurse			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Van Wert, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Francis Scott		13b. MOTHER'S MAIDEN NAME Pearl Scott		14. NAME OF HUSBAND OR WIFE Robt. F. Boinger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes <i>World War II</i>		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Robt. F. Boinger			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Periarthritis nodosum MEDICAL CERTIFICATION <i>Generalized</i>				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				456X	
19a. DATE OF OPERATION None		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)		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 6 June , 1950, to 25 July , 1951, that I last saw the deceased <input checked="" type="checkbox"/> alive on 24 July , 1951, and that death occurred at 1:50 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE William J. Boschy M.D. (Degree or title)				23b. ADDRESS 201 Plaza Med. Bldg. Kansas City, Mo.		23c. DATE SIGNED 7-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-25-51		24c. NAME OF CEMETERY OR CREMATORY Caney Cemetery		24d. LOCATION (City, town, or county) (State) Caney Kansas.	
DATE REC'D BY LOCAL REG. 7-25-51		REGISTRAR'S SIGNATURE Seraldine Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Graves		ADDRESS Caney, Kans.	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 20 1951

C. J. ...

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 *E. Paul Lewis*

Licensed Embalmer No. 4385

P. O. Address Shawnee, Kansas

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.