

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27069**  
**3590**

FILED AUG 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>75 YEARS</b>		f. STREET ADDRESS (If rural, give location) <b>7407 BELLEVIEW AVE.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>		g. 3428	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EMMA</b>	b. (Middle)	c. (Last) <b>BOERN GEN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 20 1954</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG. 23, 1867</b>	9. AGE (In years last birthday) <b>86</b>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Hours	if UNDER 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>GERMANY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HENRY LUENEBURG</b>	13b. MOTHER'S MAIDEN NAME <b>EMMA UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MAX BOERN GEN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. T.W. SANFORD</b>	ADDRESS <b>7407 BELLEVIEW KANSAS CITY MO</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Strangulated hernia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis 57% Hardly</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>5611</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **19th July 1954** to **20th July 1954**, that I last saw the deceased alive on **July 20, 1954**, and that death occurred at **8:30 p. m.**, from the causes (and on the date stated above).

23a. SIGNATURE <b>E. A. Greaves MD</b>	23b. ADDRESS <b>1303 Madison Mc Mo</b>	23c. DATE SIGNED <b>July 21-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>JULY 23-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BELLEVUE CEMETERY SONS</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO</b>
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DATE REC'D BY LOCAL REG. <b>7-23-54</b>	REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer Sons</b>	ADDRESS <b>1471-Bellevue Creek Kansas City, Mo</b>
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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.....  
Signature of Student Embalmer

Signed *Edward McStor*.....

Licensed Embalmer No. *44*.....

P. O. Address *K.C. 110*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.