

FILED NOV 23 1954 STANDARD CERTIFICATE OF DEATH

37281

State File No. ....

5144

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

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

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>32 years</b>		STREET ADDRESS (If rural, give location) <b>3448 3035 Main St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Long Nursing Home</b>			
3. NAME OF DECEASED (Type or Print) <b>Mary Louise Bougher</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 6 1954</b>	
a. (First) <b>Mary</b>		b. (Middle) <b>Louise</b>	
c. (Last) <b>Bougher</b>			
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>	8. DATE OF BIRTH <b>Sept 19, 1875</b>
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Baxter, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Thomas L Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Owens</b>	14. NAME OF HUSBAND OR WIFE <b>John W Bougher</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Springfield Maurice Bougher, 944 E Harrison, Mo</b>
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) <b>Cerebra Hemorrhage</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>2 years</b>		331 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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 <b>8-1-54</b> , 19___, to <b>11-6-54</b> , 19___, that I last saw the deceased alive on <b>11-6-54</b> , 19___, and that death occurred at <b>9:45A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Frank Paul Lorenzani</b> (Degree or title)		23b. ADDRESS <b>428 South White Ave</b>	
23c. DATE SIGNED <b>11-6-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 8, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery Kansas City, Mo</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>11-7-54</b>		REGISTRAR'S SIGNATURE <b>Reva Minshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Quirk &amp; Tobin</b>		ADDRESS <b>20 W Linwood Bld</b>	

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 *Forrest D. Caldwell*.....

Licensed Embalmer No. *4714*.....

P. O. Address *A. C. Mc.*.....

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.