

STANDARD CERTIFICATE OF DEATH

1207

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 202

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, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VETERANS ADMINISTRATION <b>HOSPITAL</b>				Length of stay in (b) <b>30 YEARS</b>		d. STREET ADDRESS (If outside, give location) <b>800 Truman Road</b>		
3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>M.</b> Last <b>BOOLS</b>				4. DATE OF DEATH Month <b>January</b> Day <b>19</b> , Year <b>1957</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 28, 1895</b>		9. AGE (In years (a) birthday) <b>61</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) <b>Truck Driver + SALESMAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>WILSON TRAILER SALES CO.</b>		11. BIRTHPLACE (City and state or country) <b>Leavenworth, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>CHARLES A. BOOLS</b>				14. MOTHER'S MARRIAGE NAME <b>ELLA LUCE</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>			16. SOCIAL SECURITY NO. <b>491-22-1661</b>		17. INFORMANT Address <b>Official Records VA Hospital, K.C., Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute brain syndrome.</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>alcoholism</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							INTERVAL BETWEEN ONSET AND DEATH  <b>3222</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>VA</b>			COUNTY <b>KAN.</b>	STATE <b>MO.</b>
21. // attended the deceased from <b>January 17, 1957</b> to <b>January 19, 1957</b> and withdrew <input checked="" type="checkbox"/> did not <input type="checkbox"/>								
Death occurred at <b>3:20 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Thomas Koury</b> (Degree or title) <b>D</b>				22b. ADDRESS <b>VA Hospital, K.C., Mo.</b>		22c. DATE SIGNED <b>1-20-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JAN-21-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>KAN. CITY Mo</b>			
24. FUNERAL DIRECTOR <b>D.W. Newkome's Sons</b>			ADDRESS <b>1331 Poplar Care Kan. City, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1-21-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *Chester K Bra*

Licensed Embalmer No. *4*

P. O. Address *K C*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.