

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5337  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Haw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. Gen. Hospital, K.C. Mo. Registered No. 536  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Kenneth Bostwick  
 (a) Residence, No. 5541 S. Benton St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Bostwick  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1916  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. of ..... min.  
22 2 10  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Exp-Soldier  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage, Mo.  
 13. NAME B. B. Bostwick  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Annandale, Mo.  
 15. MAIDEN NAME May Walquist  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marquette, Mich.  
 17. INFORMANT B. B. Bostwick  
 (ADDRESS) Midway, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgeway, Mo. DATE 2-12 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Snodgrass Milburn  
6900 Zions Ave. K.C. Mo.  
 20. FILED 2-9 1939 M. M. C. Howe  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 8, 1939.  
 22. I HEREBY CERTIFY, That I attended deceased from 19, 1939.  
 I am a Deputy Coroner Death is said to have occurred on the date stated above, at 9:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset 1935  
Penetrating wound of the head  
Laceration of the brain  
Cerebral hemorrhage  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Do not know Date of injury 2-8-39  
 Where did injury occur? K.C. Mo. (Specify city, town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Do not know  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? 4  
 If so, specify \_\_\_\_\_  
 (Signed) Walter H. White, M. D.  
 (Address) Gen. Hosp. K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *L. W. Hawthorne*

Licensed Embalmer No. *3845*

P. O. Address *6900 Frost Ave. N.E. 1*

**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, above space should be left blank.**