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

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

Do not use this space.

1804

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 492

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. , St. Marys Hospital St. Ward)

2. FULL NAME Bruce Franklin Bousman 255

(a) Residence, No. 2032 Chester K.C.K. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ###. Sept. 16, 09

7. AGE: YEARS 28 — MONTHS 4 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ford Motor Co.
10. Date deceased last worked at this occupation (month and year): 1937
11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Omaha Nebraska

FATHER

13. NAME: Benjamin Bousman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co. Kansas

MOTHER

15. MAIDEN NAME: Rosa F. Brauer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steinhour Nebraska

17. INFORMANT (ADDRESS): Benjamin Bousman 2032 Chester K.C.K.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Feb. 1 1938

19. UNDERTAKER (ADDRESS): Simmons & Son 1404 So. 37th K.C.K.

20. FILED Jan 31, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 38, 19

22. I HEREBY CERTIFY, That I attended deceased from Chronic, to , 19

I last saw h alive on 8:10 P, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic emphysema
Multiple abscesses of the brain
(Non tuberculous) (110)

Date of onset

Other contributory causes of importance:

W

Name of operation Autopsy 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? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address)

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FEB 18 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

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Logan 0450