

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.

REC'D JUN 15 1939

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

Do not use this space.

18302

1. PLACE OF DEATH

County Cass

Registration District No. 156

File No. 18302

Township

Primary Registration District No. 4090

Registered No. 24

City

(No. Memorial Hospital)

St. 1 Ward

2. FULL NAME

(a) Residence, No. John James Bouse

St. 1 Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

male

white

single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 1 - 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Harrisonville Mo. 1

FATHER

13. NAME

Ray Wilson Bouse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Burlington Kansas

MOTHER

15. MAIDEN NAME

Mary Margaret Hatch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Siwartha Kansas

17. INFORMANT (ADDRESS)

Ray W. Bouse Truman no. RD-1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burial Truman May 2 39

19. UNDERTAKER (ADDRESS)

Altman Bros Harrisonville Mo

20. FILED May 2 1939

Redenbury, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him still birth 19

to have occurred on the date stated above, 7:25 P. m.

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

Date of onset

Still Born

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

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) J. H. Adell M. D.

945 (Address) Harrisonville Mo

