

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

105

Registration District No. 464

Primary Registration District No. 5558

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7940 Euclid Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
(Specify whether
In this community 45 years
years, months or days)

3. (a) PRINT FULL NAME William Fletcher Bookwalter

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Marr.
6. (b) Name of husband or wife Mrs. Florence B. Bookwalter
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased February 4,
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 12
If less than one day hr. min.

9. Birthplace Wabash Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Express Messenger

11. Industry or business Rock Island & Amr. Rwy Express

MOTHER FATHER { 12. Name John A. Bookwalter
13. Birthplace Preble County Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Kinsey
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Florence Bookwalter
(b) Address 7940 Euclid Ave. K.C. Mo

17. (a) Burial (b) Date thereof Nov. 18, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd. 211

19. (a) 12-7-39 (b) Mrs. J. O. Brennan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7940 Euclid
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1939 hour 12 minute 25 M.

21. I hereby certify that I attended the deceased from Oct. 10, 1939, to Nov. 16, 1939;
that I last saw him alive on Nov. 16, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Gen. Cardis-Vascular
Duration _____
Due to _____
Due to 101
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. ...
Address 80th & Paseo Date signed 11/16/39

Wm. Woohewalt

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

Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

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.