FILED MAY 13 1940

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

15213
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson 2 Registration District No. 421
(b) Township 0 Primary Registration District No. 5575a Registered No. 36
(c) City Crystal City (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kenneth Thomas Bourisaw
(a) Residence, No. Crystal City Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 5, 1940

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Crystal City Mo. 0

FATHER
13. NAME Daley Bourisaw 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Mo.

MOTHER
15. MAIDEN NAME Laura Aubuchon 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crystal City Missouri

17. INFORMANT (ADDRESS) C. E. Aubuchon Crystal City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus DATE 4/6/40 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duester - Vinyard Festus Mo. 382

20. FILED 4/9 1940 J E Rutledge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th., 1940

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1940 to April 6, 1940
I last saw him alive on April 6, 1940 Death is said to have occurred on the date stated above, at 2:50 m.
The principal cause of death and related causes of importance were as follows:

Intracranial Haemorrhage following Forceps Delivery at birth

Date of onset

Other contributory causes of importance: 160 B

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 J Cummerford, M. D.
(Address) Crystal City Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

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.....

Licensed Embalmer No.....

P. O. Address.....

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.