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23159

JUL 17 1941

22441

State File No. \_\_\_\_\_

Registration District No. 696

Primary Registration District No. 5928

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Platte County

(b) City or town Ferrelview  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 5 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Ferrelview (If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William W. Bostwick

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Bostwick

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased: August 9 1862  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>10</u>	<u>2</u>	hr. _____ min.

9. Birthplace Jackson Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Machinist

11. Industry or business Missouri Pacific

12. Name Victor Bostwick

13. Birthplace Jackson Michigan  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Wilder

15. Birthplace Mass.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry G. Shannon

(b) Address Ferrelview, Mo.

17. (a) Burial (b) Date thereof 6-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) June 12, 1941 (b) Mrs. Francis E. Murrey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1941 hour 6:45 minute P M.

21. I hereby certify that I attended the deceased from July 1940 to June 11, 1941, that I last saw him alive on June 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Arrhythmia

Due to Chronic Myocarditis

Other conditions Prostatic Hypertrophy  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

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 0

23. Signature W. W. Wood (M. D. or other)

Address Warville Date signed 6/11/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Alvin R. Haunshel

Licensed Embalmer No. 4159

P. O. Address K. C. Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**