

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5806

FILED MAR 8 1948

Registration District No. 278

Primary Registration District No. 4427

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Waynesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DeWitt Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Kenneth Wayne Boulware

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced X  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased 2 20 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 2 hr. min.

9. Birthplace Waynesville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

12. Name Willie Boulware

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

14. Maiden name Sylvia Davis

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

16. (a) Informant Mr. Willie Boulware

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 2/23/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seaton

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 3/1/48 (b) Helma C. Guehlke  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Dixon  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22  
year 1948 hour 9 minute - A.M.

21. I hereby certify that I attended the deceased from Birth to February 22, 1948  
that I last saw him alive on February 22, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Postnatal Asphyxia livida  
Patent Foramen ovale

Due to

Other conditions 1575  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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 Dr. R. W. Milligan (M. D. or other)  
Address Dixon, Mo. Date signed 2/28/48

**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.....  
.....  
working under my personal supervision.

Signed.....  
*Frank H. Gilbert*

Registered Apprentice No.....

Licensed Embalmer No. 2341.....

P. O. Address.....Dixon, Missouri.....

**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, fact should be so stated above.**