

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **1104**
 Registrar's **89**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**
 (a) County **Jackson**
 (b) City or town **Kansas City, Mo.**
 (c) Name of hospital or institution: **McBakeside Hospital, K. C. Mo.**
 (d) Length of stay: In hospital or institution **22 Years**
 In this community **22 Years**

3. (a) PRINT FULL NAME **Rosa Bossert, 263**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Charles Bossert**
 6. (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **May 5th, 1879**

8. AGE: Years **60** Months **8** Days **1**
 If less than one day hr. min.

9. Birthplace **Texas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
 12. Name **Unknown - Laurie**
 13. Birthplace **Texas**
 14. Maiden name **No Record**
 15. Birthplace **No Record**

16. (a) Informant's own signature **Rosa Bossert**
 (b) Address **8033 Summit**
 17. (a) **Burial** (b) Date thereof **Jan. 8th, 40**
 (c) Place: burial or cremation **Elmwood Cemetery**
 18. (a) Signature of funeral director **Mrs. C. L. Forster**
 (b) Address **Kansas City, Missouri**
 19. (a) **Jan. 8, 1940** (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 0
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City, Missouri**
 (d) Street No. **1430 East 67th, Str., K.C. Mo.**
 (e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **6**
 year **1940** hour **10:30** minute **9** M.

21. I hereby certify that I attended the deceased from **Dec 16, 1938**
off and on 19 **Jan 6** 19 **40**
 that I last saw her alive on **Jan 5** 19 **40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Esmergic poisoning**
from Chronic Interstitial Nephritis
 Duration **1 1/2 years**

Due to **131**

Other conditions **Acute Cardiac Dilation**
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations **X**
 Of autopsy **X**
 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?
 (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 **E. H. Reisinger** (M. D. or other)
 Address **715 W. 12th St.** Date signed

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.

Dr. E. H. Zeilinger
Aryle Bldg.,
Ha: 4606
4; P.M.

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 MS

....., Registered Apprentice No.
..... working under my personal supervision.

Signed Renzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. E. 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.