

S. No. 2
-11-10-39
7. 5-17-39
#1 X21497

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35530

State File No. _____

OCT 23 1940
Registration District No. 395

Primary Registration District No. 5551 A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural, Sm Bar Township
(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 2
In this community Twenty Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME William H. Bosley

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

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sep 28 - 1912
(Month) (Day) (Year)

8. AGE: Years 28 Months 00 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Staton Bosley

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

14. Maiden name Jennie Ann Gardner

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

16. (a) Informant Robert A Bosley

(b) Address Route # 1 Blue Springs Mo

17. (a) Rural (b) Date thereof Oct 19 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo.

18. (a) Signature of funeral director W. H. Mitchell
(b) Address Independence, Mo.

19. (a) 10/22/40 (b) Mrs. Thomas Portwood
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Blue Springs Mo. Rt # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20 year _____ hour _____ minute 3 P M. _____

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Due to sun hot wood of chest

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
1940

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) Accident

(b) Date of occurrence 10-10-40

(c) Where did injury occur? Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

23. Signature Russell W. ... (M. D. or other) _____
Address _____ Date signed 10-10-40

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

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JAN 30 1947

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 me

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

Signed Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.