

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37336

State File No.

DEC 22 1941 399

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4130

1. PLACE OF DEATH: Jackson
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution A few hours
 In this community 22 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 448
 (a) State Missouri (b) County Jackson 3
 (c) City or town Kansas City 8
 (d) Street No. 436 West 47th St. 0
 (e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME ORTA ALBERT BOSCH

3. (b) If veteran, No name war. 3. (c) Social Security No. 491-01-8032

4. Sex Male 0 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Bosch 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 4 (Month) 4 (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	5	1	hr. min.

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

10. Usual occupation Motion Picture Operator

11. Industry or business

12. Name William Bosch

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name Della Miller (City, town, or county) (State or foreign country)

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Bosch

(b) Address 436 West 47th St.

17. (a) Burial (b) Date thereof 11-8-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director J. M. Wagner Kansas City, Mo.

(b) Address

19. (a) 11-7-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5 year 1941 hour 6 minute 45

21. I hereby certify that I attended the deceased from 6:45 P.M. to 19:19:19. I found the deceased alive on 19:19:19. Death occurred on the date and hour stated above.

Immediate cause of death: Bilateral hemothorax, crushing injury to chest, hemo peritonium, rupture of liver and spleen, auto transection.

Major findings: Of operations 17021. Of autopsy Yes.

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) Accident (b) Date of occurrence 11-5-41 (c) Where did injury occur? K.C. 123 (City or town) (County) (State) (d) Discharge: car in or about home, on farm, industrial place, or public place? Selection of vehicle by auto

23. Signature J. M. Wagner (M. D. or other) Address K.C. Mo. Date signed

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

48
MCM

7/c

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.....

R. R. Hunschell

Licensed Embalmer No. *4157*

P. O. Address *K. C. 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, fact should be so stated above.