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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27777

Registration District No. 251 Primary Registration District No. 5853 Registrar's No. 121

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nodaway 74
(c) City or town Maryville 0
(If outside city or town limits, write "RURAL")
(d) Street No. County Farm.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ALBERT BOSLEY.
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex M.
5. Color or race W.
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 Mar. (Month) 24 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	4	15	hr. min.

9. Birthplace Maryville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer.
11. Industry or business
FATHER
12. Name W. R. Bosley
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Alvada Eib
15. Birthplace (City, town, or county) Ill (State or foreign country)
16. (a) Informant Mrs. Marion Sugar
(b) Address Maryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo
19. (a) August 10 1942 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8
year 1942 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from July 30, 1942 to Aug 8, 1942
that I last saw him alive on Aug 8, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 hrs
Due to Senility	
Due to	
Other conditions Previous Hemorrhage (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Maryville Mo Date signed 8/10/42

1268 (Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.