

FILED SEP 28 1943

State File No. _____

Registration District No. 1799

Primary Registration District No. 1002

Registrar's No. 8923

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Gen'l Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)

In this community 34 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2825 Troost
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM H. BOZEMAN

3. (b) If veteran, name war No 3. (c) Social Security No. 487-07-0049

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

6. (b) Name of husband or wife Nona E. Bozeman 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 19 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Selma Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Gents Furnishings

MOTHER FATHER {

12. Name Nathaniel Bozeman

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nona E. Bozeman
(b) Address 2825 Troost avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd street

19. (a) 9-13-43 (Date received local registrar) (b) J. E. Brown, Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th
year 1943 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept. 2nd 1943 to Sept. 9th 1943
that I last saw him alive on Sept. 9th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____

Due to 830'

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy See above

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? _____

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

23. Signature Amey R. Johnson (M. D. or other) _____
Address Gen'l Hosp. Date signed _____

9-9-43

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

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..... *Walter H. Erwin*

Licensed Embalmer No. ~~7352~~ 4352

P. O. Address *Kansas City, 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.