

Registration District No. 149

Primary Registration District No. 1002-1

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

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:
3409 East 7th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 24 years
years, months or days

3. (a) PRINT FULL NAME MRS. AMANDA BOLTON

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female / race White

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Christopher

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

7. Birth date of deceased January 30, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	9	27	_____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Christian Hossmann

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

14. Maiden name Mary Ann Zimmerman

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

16. (a) Informant Bruce E. Bolton

(b) Address 607 Central St. Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk and Pabian Co.

(b) Address 20 W. Linwood, K.C., Mo.

19. (a) 11-28-43 (Date received local registrar)

(b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 3409 East 7th Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th
year 1943 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from November 26, 1943 to November 27, 1943
that I last saw her alive on November 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Pneumonia

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration
4 days

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 John G. Lapp (M. D. or other) M.D.
Address 1344 Professional Bldg Date signed Nov 27 1943

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..... *Harlan Rog*
Licensed Embalmer No. *2810*
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, fact should be so stated above.