

FILED NOV 13 1944

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 4311

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:
1005 Norton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 1005 Norton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clay A. Hosmer
(b) If veteran, name war no
(c) Social Security No. 486-10-5673

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 26
year 1944 hour 9 minutes 22 M.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Mary A. Hosmer
(c) Age of husband or wife if alive 57 years
7. Birth date of deceased October 14 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 22
1944 to Oct 25, 1944
that I last saw him alive on Oct 25, 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>0</u>	<u>12</u>	hr. _____ min.

Immediate cause of death
Coronary occlusion
arterio sclerosis
Due to _____
Due to Diabetes Mel.

9. Birthplace Bonkins Michigan
(City, town, or county) (State or foreign country)
10. Usual occupation Sheep Salesman (retired)

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 601
Of autopsy _____

11. Industry or business _____
12. Name Abner P. Hosmer
13. Birthplace Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Aida Clay
15. Birthplace unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary A. Hosmer
(b) Address 1005 Norton
17. (a) cremation (b) Date thereof 10-28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Elmwood Crematory
18. (a) Signature of funeral director Bentley Mortuary
(b) Address 5811 Troost
19. (a) 10-27-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 2 mph
23. Signature Bentley Mortuary (M. D. or other)
Address 832 Maple Blvd Date signed 10/27-44

Dr. G. C. Remley
Argyle Bldg.
Vi. 8873

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

Wm. Ruffington
.....
Licensed Embalmer No. *2756*
.....
P. O. Address *No.*
.....

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.