

Registration District No. **77** Primary Registration District No. **3016**

1. PLACE OF DEATH:
(a) County **Cole**
(b) City or town **Jefferson City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
221 Ash St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Sophia Bosse**
3. (b) If veteran, ----- 3. (c) Social Security
name war ----- No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **Herman** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 14 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 21 hr. _____ min.

9. Birthplace **Jefferson City, Mo.** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **Houswife**

11. Industry or business _____

12. Name **John G. Asel**
13. Birthplace **Germany** 4
(~~Margaret~~ Asel) (State or foreign country)
14. Maiden name _____
15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Mable Bosse**
(b) Address **Jefferson City, Mo.**

17. (a) **Burial** (b) Date thereof **5/7/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Riverview Cem.**

18. (a) Signature of funeral director **Victor Breusch**

(b) Address **Jefferson City, Mo.**

19. (a) **5-7-45** (b) **Theresa Richter**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cole** 26
(c) City or town **Jefferson City** 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. **221 Ash St.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5**
year **1945** hour **4** minute **:40 A.M.**
21. I hereby certify that I attended the deceased from **4/6/45**
_____ 19. to **5/4/45** 19. _____
that I last saw her alive on **5/4/45** 19. _____
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia 2 days
Due to **Cerebral hemorrhage 2 wk**
Due to **arteriosclerosis 5 yrs.**
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____
(Signature)

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 **F. N. Tillman** (M. D. or other)
Address **Jefferson City, Mo.** Date signed **5-7-45**

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-11-45

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.....

Victor Buesch

Licensed Embalmer No. 3701

P. O. Address..... Jefferson 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.