

FILED JUN 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 210

Primary Registration District No. 5776

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Mill Stone
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 William Oscar Bosley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Bosley 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Sept. 10 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Shundy Co. Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Bosley
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Minnie's Wilson
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Bosley
(b) Address Spickard 718

17. (a) Burial (b) Date thereof June 1-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Bur. Mercer Co. Mo.

18. (a) Signature of funeral director Schooler's funeral Home

(b) Address Spickard 718

19. (a) 6-1-46 (b) 2007 Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer 65
(c) City or town Mill Stone 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 21
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1946 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 1st to May 29th 1946
that I last saw him alive on May 29th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate 1 year
Duration _____

Due to Do not know

Due to _____

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

Major findings: Of operations _____

Of autopsy 516

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 George F. Duff M. D. or other _____

Address 1 Stanton Date signed May 29th 1946

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

16287

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Ross Wise

Licensed Embalmer No.....

3971

P. O. Address.....

Spickard 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.