

FILED JUL 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2796**

Registration District No. **149** Primary Registration District No. **1002**

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:
General Hospital #2 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Hr.** (Specify whether
 In this community **30 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. **1617 Park Avenue 8**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Ionia Bossy**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month **June** day **20**
 year **1946** hour **9** minute **P** M.

4. Sex **Female 3** 5. Color or race **Negro**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **George Bossy** 6. (c) Age of husband or wife if alive **48** years
 7. Birth date of deceased **April 24, 1892**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Deputy Coroner** 19____ to 19____
 that I last saw him alive on 19____ and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	54	1	26	hr. _____ min. _____

Immediate cause of death **Cerebral Apoplexy** Duration
 Due to **Hypertensive Heart Disease**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **93d**
 Major findings: 'Of operations _____
 Of autopsy _____

9. Birthplace **Kansas City Missouri 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
 11. Industry or business _____
 12. Name **William Harris 9**
 13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)
 14. Maiden name **Fannie**
 15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

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) **Deputy Coroner 3**
 (e) Means of injury _____

16. (a) Informant **George Bossy**
 (b) Address **1617 Park Avenue**
 17. (c) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/24/46** (Month) (Day) (Year)
 (c) Place: burial or cremation **Lincoln Cemetery**
 18. (a) Signature of funeral director **Walter Brice**
 (b) Address **1729 Lydia Avenue**
 19. (a) **6-24-46** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

23. Signature **J. Williams** (M. D. or other)
 Address **2636 Parkway** Date signed _____

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

MOTHER FATHER

6-24-46

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.....

Laurence A. Jones

Registered Apprentice No. *378*

working under my personal supervision.

Signed *I. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.