S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 26 1948
Registration District No. 132

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5480 3021

State File No. 12261
Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #5, Trenton, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Andrew Rollie Bosley
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug. (Month) 27 (Day) 1881 (Year)

8. AGE: Years 66 Months 6 Days 21 If less than one day — hr. — min.

9. Birthplace Grundy Co (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Perry Bosley
13. Birthplace — (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Cordelia Cole
15. Birthplace — (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Frederick Bosley
(b) Address Trenton, Mo. R7D 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove Trenton Mo
18. (a) Signature of funeral director [illegible]
(b) Address Trenton Mo
19. (a) Mar. 21-1948 (Date received local registrar) (b) Irene Tier (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1948 hour 7 minute 05 P.M.
21. I hereby certify that I attended the deceased from 20 Feb 1948, 19..., to 17 March, 1948;
that I last saw him alive on 17 Mar., 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Bronchial Asthma and Arteriosclerosis.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph M. Quinsito (M. D. ~~or other~~)
Address Trenton Mo. Date signed 20 Mar 48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Walter E. Moyer

Licensed Embalmer No. 4491

P. O. Address Trenton, 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.