. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

16078

State File No.

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

40
1
2

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

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: 207½ East 7th St 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 82 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 207½ East 7th St 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sherman Bosley
3. (b) If veteran, name war —
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Druggella Bosley
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Dec 25 1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 27 If less than one day — hr. — min.

9. Birthplace Pickard (City, town, or county) MO - 0 (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business None —
FATHER
12. Name George Bosley
13. Birthplace [illegible] (City, town, or county) MO 0 (State or foreign country)
MOTHER
14. Maiden name Minerva - Wilson
15. Birthplace [illegible] (City, town, or county) MO 0 (State or foreign country)
16. (a) Informant M A Bosley
(b) Address Trenton, MO.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 25 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mont Grove
18. (a) Signature of funeral director [illegible] A Dawson
(b) Address Trenton MO.
19. (a) 4-25-48 (Date received local registrar) (b) Irene Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 5:15 minute A M.
21. I hereby certify that I attended the deceased from about 4 years to 19 ; that I last saw h alive on Apr 21 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio Sclerosis	about 4 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 E. A. Duffy (M. D. or other)
Address Trenton Date signed Apr 22 1948

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 Raymond A Dawson

Licensed Embalmer No. 3424

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.