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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 15 1948

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4081

32270

State File No. ....

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Bosworth  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Bosworth  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ADRIAN IY HOSLER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1948 hour 4 minute 45 A.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife TRESSIA HOSLER

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 21 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 7, 1948 to Nov 3, 1948 that I last saw him alive on Nov 3, 1948 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72 3 13 hr. \_\_\_\_\_ min.

Immediate cause of death Pneumonia Duration \_\_\_\_\_

9. Birthplace Bosworth Mo  
(City, town, or county) (State or foreign country)

Due to Cardio-renal disease

Due to \_\_\_\_\_

10. Usual occupation Teacher & Mason

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ELIAS HOSLER

13. Birthplace Ind 1  
(City, town, or county) (State or foreign country)

14. Maiden name AZARA COLBERT

15. Birthplace KENN 1  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy 1310

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Tressia Hosler

(b) Address Bosworth Mo

17. (a) BURIAL (b) Date thereof Nov. SAT. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BIS CREEK CEMETERY

22. If death was due to external causes, fill in the following:

(c) 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? \_\_\_\_\_

18. (a) Signature of funeral director Daryl J. Edwards

(b) Address Bosworth Mo

19. (a) Nov. 4-1948 (b) Pearl Koch  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 2

23. Signature J. W. Nizer (M.D. or other) P.O.

Address Bosworth, Mo Date signed 11-4-48

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-12-48

NOV 16 1948

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 David J. Edwards  
Licensed Embalmer No. 3265  
P. O. Address Boworth Md

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.